



THE NELSON W. & SUZANNE BURNS COMMUNITY CHALLENGE

Michael A. Schoenhofer Endowment Fund for Coleman Professional Services

FUND DESCRIPTION: In recognition for his years of service to the **Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties**, and in consideration for supporting the charitable mission of **Coleman Professional Services**, I/we hereby wish to honor Michael's retirement by seeding an agency endowment fund to be held by the **Wapakoneta Community Foundation** called the **Michael Schoenhofer Endowment Fund** to benefit Coleman programs, services, mission and needs in Allen, Auglaize and Hardin Counties. The use of the fund may include, but not be limited to, sparking interest in the behavioral health field of study, behavioral health related workforce readiness and development through scholarships, stipends, student loan forgiveness, and internships for those wishing to pursue careers in case management, social work, vocational rehabilitation or other employment opportunities identified by **Coleman Professional Services** as needed to fulfill its mission.

Donor Information: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____
Email: _____

Recognition: _____
(For recognition purposes, please list me/our name(s) as it appears above)

I/we wish this gift to remain anonymous I/we wish this gift to remain confidential

Please choose between making a 1-time gift payable by check or credit card OR a pledged amount over time

One Time Gift: \$ _____
 Check: *(please make check payable to Coleman Professional Services enclosed)*
 Credit Card #: _____ **Exp. Date** _____ **CSC:** _____
(MM/YYYY)

(name on credit card and address if different from above)

Pledge: **Total Commitment:** \$ _____
Duration: One Year Two Years Three Years **Beginning:** _____
Installments: Annually Semi-Annually Quarterly Monthly
Reminders: None Same as Installment Schedule Above
Method: Cash Credit Card Securities Real Properties Donor Advised

Signatures: _____
(Primary Donor) *(Date)*

Thank you for your support of the **Coleman Professional Services** mission of *fostering recovery, building independence and changing destinies* for those with mental illness, behavioral health issues, homelessness, and addiction. Your generosity may be tax deductible to the extent allowable by law – please contact your personal financial or legal advisors if you have specific tax related questions.