



THE COMMUNITY'S FOUNDATION

CONFIDENTIAL

APPLICATION

Margaret Lindgren and Kathleen Pastor Fund

WHY WAS THE MARGARET LINDGREN AND KATHLEEN PASTOR FUND FORMED?

The Margaret Lindgren and Kathleen Pastor Fund was formed to honor the memory of 2 mothers. One, a single mother, Kathleen Pastor, worked tirelessly to raise her 2 children. The other, Margaret Lindgren, opened her generous heart to all people in need. In remembrance of these 2 outstanding women, our family, the owners of EVCO industries in Holmes, PA wishes to support single mothers in Delaware County who encounter financial hardship due to an illness in the family or the loss of a loved one. From this desire, the Margaret Lindgren and Kathleen Pastor Fund was formed under the umbrella of The Community's Foundation

WHO MAY BE ELIGIBLE FOR FUNDING?

It is our vision to provide funding to those who fall within the following guidelines:

- Single mothers who reside in Delaware County, PA.
- Recipient must be experiencing financial hardship due to an illness in the family or the loss of a loved one.
- The application will be used by the Margaret Lindgren and Kathleen Pastor Fund Committee to assess if we can help.
- Funding is determined on a case-by-case basis and is only intended to help defray the financial hardship.
- Anyone can submit an application – the individual who experiences a need, a friend, family member, or advocate. *(Names will be kept confidential by TCF. We will only share information if we have permission from the recipient receiving the funding.)*

As you can well imagine, the level of requests to support single mothers who experience financial hardship exceeds our available resources. We make every effort to be creatively responsive, subject of course, to our own fiscal constraints.

Please use additional sheets or attachments if appropriate.

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Margaret Lindgren and Kathleen Pastor Fund Application

Name of Proposed Recipient: _____
Recipient is Resident of: _____
Contact Person: _____
Address: _____
City: _____ State _____ Zip Code _____
Phone Number: _____ Alternate Phone: _____
E-Mail Address : _____
What is the best time to contact you? Day of the Week? _____ Time? _____
Tell us about the illness or loss of a loved one that caused this hardship:
Tell us about the specific financial needs:

Return completed application to The Community's Foundation offices located at:
900 W. Sproul Road; Suite 101
Springfield, PA 19064
Phone: (610) 461-6571; Email: info@TCFhelps.org

Signature

Date