Charlie's Fund for Children was established to help children in need who reside in Fall Creek, Adams, Green or Stony Creek Townships of Madison County, Indiana.

Funds may be used to fill various needs, including, but not limited to:

- Tutoring
- Counseling
- Food
- Clothing
- Medical
- Outings

One hundred years from now it will not matter what kind of car I drove, what kind of house I lived in, how much money was in my bank account nor what my clothes looked like. But the world may be a better place because I was important in the life of a child.

-Forest Witcraft

Return this application to:

Charlie's Fund for Children

Pendleton First United Methodist Church
225 West State Street, Pendleton, Indiana 46064
Phone: 765-778-8074
Fax: 765-778-1125

Charlie's Fund for Children

Helping Children in Fall Creek, Adams, Green and Stony Creek Townships

765-778-8074

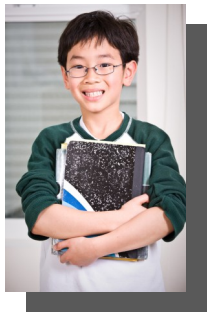
Charlie's Fund for Children

Charlie Owens was born in Reading, Ohio but lived his entire life in Pendleton. Growing up, his family had very little and struggled to survive. Despite these hardships Charlie vowed that he would overcome these challenges and make a difference with his life.

Charlie worked at Socony Oil Co. He planned to work there just long enough to earn the money to start his own business. Within a few years, and with the money he saved, he started Owens Oil Corp.

Charlie was a successful and frugal man, yet at Christmas he always gave to the less fortunate in the Lapel/Pendleton area. Many would not have had Christmas gifts without this help.

Charlie's legacy of love for children lives on today in the form of an endowed fund established by his estate at the South Madison Community Foundation. "Charlie's Fund for Children" helps serve the needs of children in southern Madison County now and for future generations.



Parent/Guardian Questionnaire

_____
*Parent/Guardian Name

_____
*Township

_____
*Address

_____
*Home Phone

_____
*Cell Phone

_____
*Email

_____
*Child's Name

_____ _____
*Child's Birth Date *Age

_____ _____
*Current School *Grade

I give my permission for Charlie's Fund for Children to:

⇒ share this information with other assisting organizations.
⇒ assist my child in areas of need as indicated.
⇒ contact me for further information when needed.

Parent/Guardian Signature_____

All (*) items must be completed for the application to be considered.

List the following in need of priority:

____medical ____vision ____dental

____tutoring ____counseling

____preschool ____clothing ____shoes

Other_____

Have you received assistance from another source? ☐ Yes ☐ No

If Yes, please provide details:

_____
_____
_____
_____

I would be interested in the following programs for my child:

☐ Group Outings

____ In-town events

____ Out-of-town events

☐ Birthday Month Celebration

☐ Holiday Parties

☐ Creative Arts

You will be contacted following the committee's review.

CFC funds do not duplicate assistance available for children from any other source. Examples include assistance for rent/mortgage, utility payments, or any assistance requested above but previously received.