



Bridge to Healing Foundation, Inc.  
a 501 (c) (3) non profit organization

### Mission Statement

Bridge to Healing is the “bridge” that helps people receive the therapies they need in order to reach their fullest potential in life.

### Objectives

Bridge to Healing will:

- Provide an opportunity for individuals to raise funds for their family members or friends for therapy sessions.
- Make available a Matching Gift Program where Bridge to Healing will match up to \$750.00 for donations made through Bridge to Healing to a qualifying Account.
- Make available a scholarship Account for professionals to attend courses and training sessions, which supplement their knowledge base to better equip them to help people with special needs.
- Support Group Meetings and periodic workshops.
- Provide a network to keep families informed of upcoming special needs events.

### Guidelines

Bridge to Healing has established criteria for the requests to set up Accounts within Bridge to Healing for specific uses, how disbursements from these Accounts will be handled and the donations that are made to these specific Accounts.

*Bridge to Healing Foundation, Inc.*  
*18037 SE Heritage Drive, Tequesta, FL 33469*  
Email: [Bridge2Healing@yahoo.com](mailto:Bridge2Healing@yahoo.com) Website: [www.BridgetoHealingInc.com](http://www.BridgetoHealingInc.com)

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***“We all walk in the same shoes, just different sizes and styles.”***



## Individual Account

These are specific Accounts that are set up on behalf on an Individual.

- 1) Request is made of Bridge to Healing to establish an Account on behalf of an individual.
- 2) The request to establish an Account is to include:
  - Name of the Individual to whom the Account is for
  - Description of the Special Needs of the Individual for whom the Account is being established
  - Uses for which the Account may be used, such as
    - Attend Therapy conferences/Courses not covered by Insurance
    - Therapy Expenses not covered by Insurance
    - Therapy courses of training for family members to help with home therapy
- 3) All requests to begin an Individual Account must support the Mission Statement of Bridge to Healing. Requests are subject to approval by the Board of Directors Bridge to Healing or their designees before donations can be accepted
- 4) Donations to the Individual Account are eligible for a Matching Gift of up to \$750.00 per fiscal year (January 1<sup>st</sup> thru December 31<sup>st</sup> of any given year) by Bridge to Healing to the Account
- 5) All requests for disbursement from the Individual Account are subject to review by Bridge to Healing to see if they meet the guidelines for suggested uses of donations to the Individual Account
- 6) All requests for disbursements must be accompanied by a billing statement/receipt detailing what the disbursement is for

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- 7) Disbursements made by Bridge to Healing for an Individual Account will be made payable to the Individual/and or Guardian and the party for which the request for disbursement is for.
- 8) Under no circumstances will disbursements from an Individual Account be made directly to the Individual/and or Guardian only
- 9) Travel , hotel or meal expenses are not eligible to be disbursed from an Individual Account
- 10) 25% of all donations made to an Individual Account are to be considered a contribution to Bridge to Healing with the balance of the donation added to the Individual Account balance. If donations are made through PayPal, a 2.5% PayPal fee will also be deducted from the donation.



**REQUEST FOR AN INDIVIDUAL ACCOUNT**

|   |
|---|
| <b>NAME:</b>  |
| <b>GUARDIAN (If Minor)</b>  |
| <b>CONTACT ADDRESS:</b>   |
| <b>CONTACT PHONE:</b>   |
| <b>CONTACT EMAIL ADDRESS:</b>   |
| <b>DESCRIPTION OF SPECIAL NEEDS OF INDIVIDUAL FOR WHOM ACCONT IS BEING REQUESTED:</b> |
|   |
|   |
| <b>REQUESTED USES OF THE FUNDS DONATED TO THE ACCOUNT:</b>                            |
| (Examples: Conferences, Therapy, training for at home therapy, etc)                   |
|   |
|   |

**Please Initial the Following:**

I/We are applying for a Matching gift from Bridge To Healing

I/We understand that 25% of all donations made to this Account are considered a Contribution to Bridge To Healing

I/We understand that all Donations made to this Account through PayPal will be reduced by 2.5% to cover the PayPal expense

I/We understand that requests for disbursements from the Account must be accompanied by supporting documentation

**SIGNATURE OF INDIVIDUAL/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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