

Personal Counseling Service, Inc.
YOUR "ANCHOR" Profile Form



DATE: _____

To become an "Anchor" with Personal Counseling Service, Inc. and help us
"Anchor People in Crisis" complete the following profile and return it to:

Personal Counseling Service, Inc.
1205 Applegate Lane
P. O. Box 2294
Clarksville, IN 47131
admin@pcs-counseling.org
www.pcs-counseling.org

Name: _____
(Individual/Business/Church/Agency/School)

Contact Person (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

___ I want to become an "Anchor" with my donation of \$ _____
(Make checks payable to Personal Counseling Service, Inc.)

___ I want to designate my donation to the "Anchor Fund" to
help offer affordable counseling to the community at the following
level:

\$ _____ Gold Anchor (\$1000 +)
\$ _____ Silver Anchor (\$500—\$999)
\$ _____ Bronze Anchor (\$100—\$499)

___ Credit Card: ___ Visa ___ MasterCard ___ Amer Express ___ Discover

Account # _____ Exp. Date _____

Signature: _____

PCS is a 501(c)(3) organization. Your donation is tax deductible.

___ I would like to arrange for a PCS speaker .

___ I would like to receive more information on PCS:

___ Counseling, support groups

___ Seminars, workshops, speakers

___ AAMFT & AAPC supervision & education

___ Consultation to churches, community groups, & businesses

___ Volunteer opportunities

*Thank You for your support. Your donation
will help to provide an "Anchor to People in Crisis."*