

Please make checks payable to:  
Mt. Lebanon Community  
Foundation – memo should indicate  
“Outreach Endowed Fund”  
OR Credit Card Payment Option

CC# \_\_\_\_\_  
Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
CSV# \_\_\_\_\_

Name on Card:

\_\_\_\_\_  
*Please Print*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Questions about your pledge? Interested  
in making an estate gift?  
Contact Mary Birks at 412-561-5405 or  
[mbirks@outreachteen.org](mailto:mbirks@outreachteen.org)

**Protecting Americans from Tax Hikes Bill**—Please discuss  
this opportunity with your tax accountant or financial advisor if  
you are 70 1/2 years of age or older. You can contribute directly  
to a qualified charity up to \$100,000 per year **without having  
to recognize the distribution as taxable income!**  
**A Donor-Advised Fund**, or DAF, is a giving vehicle  
established at a public charity. It allows donors to make a  
charitable contribution, receive an immediate tax deduction and  
then recommend grants from the fund over time. Donors can  
contribute to the fund as frequently as they like, and then  
recommend grants to their favorite charities whenever makes  
sense for them.  
*Please discuss these opportunity with your tax accountant or  
financial advisor and remember Outreach in your giving!*

## Steering Committee:

Chuck Brodbeck  
Mike Dempe  
Maria Kast-Carson  
Myles Lilley  
Susan Fleming Morgans  
Stacey V. Rhodes

## Our Mission:

To promote and provide empathetic, personal,  
accessible and affordable mental health  
counseling and wellness programs for children  
and families.

*Outreach Teen & Family Services is a 501(c)(3) nonprofit organization. Your  
contribution is tax-deductible to the extent allowed by law. No goods or services were  
received in exchange for this contribution.*

A copy of the official registration and financial information may be obtained  
from the Pennsylvania Department of State by calling, toll free, within  
Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

**Outreach**  
Teen & Family Services, Inc.  
**Counseling. Care. Connection.**

666 Washington Road  
Pittsburgh, PA 15228  
412-561-5405  
[www.outreachteen.org](http://www.outreachteen.org)

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# Ensuring Our Legacy...

## ...Recognizing Our History Outreach 5.0

In 2024, Outreach Teen and Family Services will celebrate half a century as a trusted, valued community resource, offering accessible, affordable, professional counseling and educational programs to youth, ages 5-21 and their families.

Since its founding in 1974, Outreach has evolved to meet changing needs—and those needs continue to grow. The main reasons clients come to Outreach today are anxiety and depression, as well as behavioral adjustment and family issues. Depression alone has risen 30% recently. Close to 80% of those who need treatment for mental health can't find it or receive substandard care. That makes Outreach's community based counseling services essential.

Our goal is to raise at least \$300,000 by Outreach's 50<sup>th</sup> anniversary in 2024, creating an Endowment Fund at the Mt. Lebanon Community Foundation to support Outreach's mission by ensuring subsidies for those in need; a comfortable, welcoming facility for clients; and an engaged, highly professional staff.

Perhaps Outreach helped your child or your family benefitted from its programs. If not, you probably know someone Outreach has positively affected. And even if you don't know who that someone might be, rest assured Outreach has helped make our community a safer, healthier place.

### Join Us!

## Endowment Initiative Pledge Form

I/We wish to make a gift to the "Outreach 5.0" Endowment Initiative and recognize Outreach will be relying on this gift.

I/We commit the following:

Total Amount of Gift: \$ \_\_\_\_\_

One-time gift paid herewith  
OR on \_\_\_\_\_.

Payable Over:

1  2  3  4  5 Years

Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Schedule (*please circle one*):

Monthly/Quarterly/Annually

Donor Signature:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(please check)

Personal Gift       Corporate Gift

Company/Organization Name  
(if appropriate):\*

Name(s)\*: (*please include title*)

Address:

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ H/W/M

Fax: \_\_\_\_\_

Email:

For Donor Recognition, I understand my name/company name will be listed as I have written above.\*

I wish to remain Anonymous.

My gift is in Honor/Memory of:

\_\_\_\_\_