



Yes! I want to be an Emerging Leader!

The Centers Foundation invites young professionals, ages 22 to 40, to join the Emerging Leaders. Emerging Leaders volunteer with youth in our programs, plan special events to raise funds for children and youth, commit to an annual gift to The Centers, learn leadership and community service—and have fun together.

Emerging Leaders:

- Demonstrate leadership skills and a desire to serve their community
- Want to help children and families served by The Centers
- Participate in activities that include holiday celebrations, volunteer service and supporting special events.
- Give a gift of \$120 a year (\$10 a month) to invest in caring for children and youth at The Centers.

Emerging Leaders application			
NAME:		TITLE:	
COMPANY/ORGANIZATION:			
PREFERRED ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
EMAIL:			
BIRTHDAY:			
REFERRED BY (please list name or organization):			
SIGNATURE:		DATE:	

I am most interested in (choose all that apply):

- The Evolve Gala _____
- Centers Classic Golf Tournament _____
- BrunchFest Event Committee _____
- Volunteer Opportunities on CFYF Campus _____
- Networking _____
- Opportunity to serve on the Emerging Leader Board _____

Have questions? Call 501.666.9436 or go to TheCentersAR.com.

Email application to foundationmail@cfyf.org or mail to PO Box 251801, Little Rock, AR 72225

BE INSPIRED • BE INFLUENTIAL • BE CONNECTED • BE A LEADER



Centers for Youth and Families Foundation • PO Box 251801 • Little Rock, AR 72225

Emerging Leaders Gift Commitment

The total annual gift amount for the Emerging Leaders program is \$120, invested in changing the lives of children and youth served by programs at The Centers.

Automatic draft payments will be:

- \$10 on the 15th of every month

Please choose one of the following:

_____ Automatic Draft. *Enclose Automatic Deduction Authorization form and voided check from the account which you wish to be drafted.*

_____ I will pay in full.

_____ My check is attached. _____ I would like to pay by credit card.

_____ I will pay via Venmo @TheCentersArkansas

_____ I will pay another way. Please contact me to set up payment schedule.

Signature: _____ Date: _____

Contact Sam McSpadden, at 501-666-9436 or smcspadden@TheCentersAR.com with any questions.



FOUNDATION

**The Centers for Youth & Families, Inc.
AUTOMATIC DEDUCTION AUTHORIZATION**

Company Name _____ Emerging Leader Name _____

Address _____

City/State _____ Zip Code _____

Phone _____ E-Mail _____

Gift Information:

Pledge Amount \$ 120

Monthly Deduction Amount \$10

Deduction Day:

15th of every month.

Bank Name _____

Bank Location _____
(City) (State)

Type of Depositor Account:

Checking (Attach a voided check)

Savings (Attach a voided deposit slip)

Bank Transit #: _____ Account #: _____

AUTHORIZATION FOR AUTOMATIC DEDUCTION

I authorize Centers for Youth & Families to withdrawal funds from my account

Customer Signature _____ Date _____

NOTE: ↓Staple a VOIDED check/deposit slip to the bottom of this form ↓

Your Name Address _____ _____ 689123456789-123456789
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