



Center Corps Auxiliary

You are invited to change the lives of children in your community by being part of The Centers Foundation’s Center Corps Auxiliary! Center Corps members volunteer with youth in our programs, support special events to raise funds, and commit to an annual gift to The Centers – all while networking and having fun!

Are you interested in?

- Demonstrating leadership skills and have a desire to serve their community
- Helping children and families served by The Centers
- Volunteering at holiday celebrations for the kids, special fundraising events, and more
- Giving a gift of \$120 a year (\$10 a month) to invest in caring for children and youth at The Centers

Center Corps Auxiliary Application			
NAME:	TITLE:		
COMPANY/ORGANIZATION:			
PREFERRED ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
EMAIL:			
BIRTHDAY:			
REFERRED BY (please list name or organization):			
SIGNATURE:	DATE:		

I am interested in (choose all that apply):

- The Evolve Gala _____
- Centers Classic Golf Tournament _____
- BrunchFest committee _____
- Volunteer opportunities on The Centers campus _____
- Networking _____
- Toy and clothing drives at my place of work _____

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

Return application to FoundationMail@TheCentersAR.com or to PO Box 251801, Little Rock, AR 72225

Applications accepted on a rolling basis.

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

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



Please choose your gift amount below.

- \$120 (or, \$10/month)
- My most generous gift of \$_____

Gift Fulfillment Options

- Send me a pledge payment reminder/invoice on this date: _____
- My check is enclosed (please make payable to Centers for Youth and Families Foundation)
- I will pay via Venmo @TheCentersArkansas
- Charge my credit card once for full amount I will pay the 3% processing fee
- Charge my credit card on the 1st of each month for \$_____ I will pay the 3% processing fee

Credit Card #: _____ Exp. Date _____ / _____ CVV Code _____

- Deduct monthly from my checking or savings account (*fill out form below*)

Signature

Date



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

Name _____

Address _____

City/State _____ Zip Code _____

Gift Information:

Monthly Deduction Amount \$_____/month

Deduction Day:

1st of each 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
Paytotheorderof _____ Account _____

6789123456789-123456789 _____

VOID