



### **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 Committee \_\_\_\_  
Centers Classic Golf Tournament 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](http://TheCentersAR.com).

Return application to [FoundationMail@TheCentersAR.com](mailto: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 an 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 15th 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*)

*I understand that my monthly gift will continue on an ongoing basis. If I would like to discontinue my monthly gift, I will contact The Centers Foundation at 501-666-943 or FoundationMail@TheCentersAR.com.*

\_\_\_\_\_  
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:

☐ 15th 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	
Pay to the order of _____	Amount _____
_____	
6789123456789-123456789 _____	

**VOID**