



**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](http://TheCentersAR.com).

Email application to [foundationmail@cfyf.org](mailto:foundationmail@cfyf.org) or mail to PO Box 251801, Little Rock, AR 72225

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



FOUNDATION

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 15<sup>th</sup> 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 Nikki Cantrell, at 501-666-9436 or RCantrell@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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