

Centers for Youth and Families Foundation invites young professionals, ages 22 to 40, to join the Emerging Leaders group. Our 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 and learn leadership and community service—and have fun together.

We are looking for people who:

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

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

**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 \_\_\_\_\_

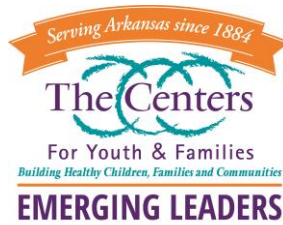
Have questions? Call 501.666.9436 or go to [CFYF.org](http://CFYF.org).

Return application to Candace Carr, [ccarr@cfyf.org](mailto:ccarr@cfyf.org).

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**



## Emerging Leaders Financial Contract

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 for 12 months

Please choose one of the following:

\_\_\_\_\_ Automatic Draft for 12 months. *Enclose Automatic Deduction Authorization form and voided check from the account which you wish to be drafted.*

\_\_\_\_\_ I will pay in full.

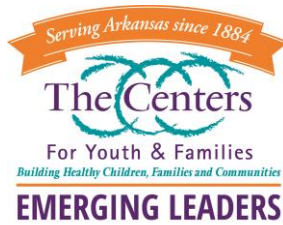
\_\_\_ My check is attached. \_\_\_ I would like to pay by credit card.

\_\_\_\_\_ I will pay via Venmo @TheCentersArkansas

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Candace Carr, Emerging Leaders Program Coordinator, at 501-666-9436 or ccarr@cfyf.org with any questions.



**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 for 12 months beginning on the month after this document is dated.

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 ↓**

