



RETURN FORM TO: Kathryn Norton, Development Officer  
[knorton@eastersealsar.com](mailto:knorton@eastersealsar.com)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Does your Employer have a matching gift program?  Yes  No Volunteer program?  Yes  No

How did you hear about the Guardians?

Current Community Connections/Involvement:

Experience, Skills, and Resources you will contribute to the Guardians:

I would like to learn more about the following opportunities:

- Volunteering in Programs:
  - Preschool
  - Children’s Rehabilitation Center
  - Center for Training & Wellness
- Serving on an Event Committee:
  - Fashion Event – Spring
  - Art & Soul - Fall
- Providing Christmas gifts:
  - Children
  - Adults
- Organizing a:
  - Volunteer Day
  - Donation Drive
- Volunteering for Events:
  - Fashion Event
  - Art & Soul
  - Arkansan of the Year

Would you like to make regular contributions to Easterseals Arkansas?  Yes  No

\$25       \$250       Monthly beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\$50       \$\_\_\_\_\_       Bi-Weekly beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\$100       Quarterly beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Credit Card:  Visa  MasterCard  AMEX      Card Number: \_\_\_\_\_

Please renew my pledge on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Exp. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_