



121 Cox Street, P.O. Box 368  
Benton, AR 72018  
501-776-0691 ~ 501-776-0692 Fax

www.civitanervices.com

Preschool/Early Intervention Services  
Adult Services • Residential Services  
Community Services:  
Waiver/Supported Employment

## *My Gift to Civitan Services*

I want to help those in need in our community through Civitan Services:

\_\_\_\_ Enclosed is my one time gift of [ ] \$50 [ ] \$100 [ ] \$25 [ ] \$75 [ ] \_\_\_\_\_

\_\_\_\_ I pledge to give \$ \_\_\_\_\_ per month to help provide for those in need.

Name: (Mr/Mrs/Ms) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My email address is: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

*We promise to never share or sell your email addresses*

Please make checks payable to: "Civitan Services"

Mail this form and your check to:

Civitan Services  
PO Box 368  
Benton, AR 72018

I would like to make this gift a tribute to:

In Honor Of                      In Memory Of                      (Please circle one)

Name: (Mr/Mrs/Ms) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

I would like to designate my gift toward the \_\_\_\_\_ program  
at Civitan Services.