



COMMUNITY DEVELOPMENT CORPORATION
401 Main Street, Suite 200
North Little Rock, AR 72114
501-374-0622
www.argentacdc.org

2011 MAIL-IN DONATION FORM

Yes, I want to help Argenta CDC build communities and transform lives.

That's why I will donate:

\$1,000 \$750 \$500 \$250 \$100 \$50 \$25 Other _____

REQUIRED CONTACT INFORMATION

Miss Ms. Mrs. Mr. Other _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____

EMAIL _____

DONATION TYPE

ONE-TIME DONATION

MONTHLY PLEDGE TO BE PAID IN EQUAL INSTALLMENTS OF:

3 MONTHS 6 MONTHS 12 MONTHS

REMIT PAYMENT AND FORM TO:

Argenta CDC
401 Main Street, Suite 200
North Little Rock, AR 72114

STAY CONNECTED

I would like to receive mail and email updates from Argenta CDC: yes no

I would like to discuss volunteer opportunities with Argenta CDC: yes no

Argenta CDC respects and protects your privacy. We will never sell, trade or rent your personal information to other individuals or companies. When you subscribe to our news alerts, you will receive relevant correspondence from the CDC.