



Yes, I'd Like to Stay Connected and Help Other Single Parents Create Better, Brighter Futures

Name: _____

Address: _____
Number and Street City State Zip

Phone: _____ Email: _____

Become a member of the SPSF NWA Alumni Association!

It is absolutely FREE to be a member, and we would love to have you join us.

*Plus, it's a great way to stay in-the-know of all things SPSF NWA.

- ◇ I would like to be a member of the SPSF NWA Alumni Association.
- ◇ I will share my family's success as an alumni update feature story.
- ◇ Please add me to the email distribution list.
- ◇ I would like to volunteer with SPSF NWA.
- ◇ I would like to become a SPSF NWA donor, and I authorize SPSF NWA to establish a recurring monthly contribution of \$_____ on the _____ of each month.

Financial Institution Routing # _____ Checking/Savings Account # _____

◇ Enclosed is my tax deductible contribution of \$_____

◇ I would like to charge my contribution \$_____

Name on card

Visa/Mastercard # Exp. Date Security Code

Signature

Date



ALUMNI est. 2014



Join our Facebook group at:
<https://www.facebook.com/groups/1603768936518510/>

16 West Colt Square Drive (479) 935-4888
Fayetteville, AR 72703 www.spsfnwa.org