

Help Support the Arkansas Coalition Against Domestic Violence

Yes, I want to help stop domestic violence by supporting the mission of ACADV.

OR

Enclosed is my tax deductible contribution:

Name: _____

Address: _____

Phone: _____ **Email:** _____

Enclosed is my check for \$ _____ **OR I pledge \$** _____

Payments will be made: _____ **Monthly** _____ **Quarterly** _____ **Annually**

Payments to begin on _____

_____ I do not want my name to be publicized in connection with this gift.

_____ I would like more information about ACADV.

Please send completed form and/or check to:
Arkansas Coalition Against Domestic Violence
1401 West Capitol, Suite 170
Little Rock, AR 72201

Make checks payable to:
ACADV

We thank you for your generous support of ACADV.