



The therapeutic tricycle for children with disabilities

AMBUCS™ Living Endowment through the Alan & Sue Eakle Big Heart Fund

In Personal Commitment to AmBility™ and in support of its long range impact on the lives of Americans with disabilities, I (we)

Name(s) to be printed on plaque

AmBility™ AmBassadors

First AmBility AmBassador? Yes____ No ____ if NO do you wish a plaque? ____

With this request, I have included \$1,000.00 in:

Cash ____ Check ____ Travelers Check
____ MC ____ Visa ____ AE ____ Credit Card # _____ exp. Date ____ Security Code _____

OR pledge myself to one of the following: To be complete in 1 year _____ 5 years _____
\$100.00 in cash _____ or check _____, with the \$900.00 balance pledge paid;
One time _____ semi-annual _____ quarterly _____ monthly _____

I understand that payment under one of the above plans begins 30 days from this date.

I also understand this is a personal commitment and is not creditable toward 100% LEG for my chapter, district, or region. I further understand that the principal will be invested, with only the earnings to be used for funding AmBility programs.

Printed Name



Signature

Chapter

Date

Office use only
QB/CU _____ Entered _____ PIF _____ Int _____ Certificate # _____ Conference _____