

AMBUCS™ Living Endowment Fund



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

Name(s) to be printed on plaque

First William L. White? Yes ___ No ___ if NO do you wish a plaque? ___

WILLIAM L. WHITE FUND

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 Scholars programs.

Printed Name



Signature

Chapter

Date

For office use:

QB/CU _____ Entered _____ PIF _____ Int _____ Certificate # _____ Conference _____