

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

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



The therapeutic tricycle for children with disabilities

AmBility™ AmBassadors

Member Name or Chapter to Receive Living Endowment Credit _____
Name(s) to be printed on plaque if different from above _____
First AmBility Ambassador? Yes _____ No _____ if NO do you wish a plaque? _____

With this request, I pledge \$1,000: Immediately _____ or to be completed in 1 year _____ or 5 years _____

If including full or partial payment at this time, indicate details: Cash: Write Amount given _____ Check _____

Credit Card # _____ Exp. Date _____ Security (CSV) Code _____

Name on the card _____ Billing Zip _____ Email for CC Receipt _____

Indicate here _____ if you wish the credit card above to be automatically charged on a monthly basis until fulfillment of your pledge.

Suggested amounts: 10 months at \$100.00 per month (pledge will be complete prior to next conference)

40 months (3.4 yrs) at \$25.00 per month or 59 months (4.9 yrs) at \$17.00 per month

I also understand this is a personal commitment. I further understand that the principal will be invested, with only the earnings to be used for funding AmBility programs.

Printed Name

Chapter



Signature

Date

Office use only

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