AmTryke®

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

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

AMBILITY™ AMBASSADORS

With this request, I have included $1,000.00 in:
Cash ____ Check ____ Travelers Check ____ MC ____ Visa ____ AE ____ Credit Card #_____ exp. Date _____

OR pledge myself to one of the following:
$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

_____
Chapter

AMBUCS™
Creating Mobility and Independence For People With Disabilities

_____
Signature

_____
Date