

AMBUCS Memorial / Honorarium



Donor Information

Name: _____

Address: _____

City, State, Zip: _____

If you belong to a chapter, your gift will also be credited towards your chapter's giving totals.

I would like to support the AMBUCS mission with a gift of: \$ _____

*Please make check payable to **National AMBUCS**. Your gift is tax deductible.*

Please direct my gift towards

___ Wherever it is needed most

___ Amtrykes – *Give therapeutic tricycles to people with disabilities*

___ Scholarships for Therapists – *Encourage students to pursue a degree in a therapeutic field*

___ Cornerstone – *Help set up new AMBUCS chapters to serve communities across the nation*

This gift is in (choose one)

___ Memory of *(deceased person's name)*: _____

___ Honor of *(living person's name)*: _____

Notify the following person of my gift (choose one)

___ Name: _____

Address: _____

City, State, Zip: _____

Because of processing costs, we can only send a letter to one (1) address for each donation of \$25 or more.

___ No one. I prefer to remain anonymous.

On the occasion of

___ Anniversary

___ Christmas

___ Hanukkah

___ Just Because

___ Graduation

___ Birthday

___ Valentine's Day

___ Other: _____

Thank You for Your Gift!