



AMBUCS Living Endowment Fund

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

Member Name or Chapter to Receive Living Endowment Credit

Name(s) to be printed on plaque if different from above

Is this your first William L. White pledge? Y N
If no, do you want a plaque? Y N

With this request, I pledge **\$1,000**, to be paid:

- Immediately (*charge me the full amount*) or
 Automatically charge the credit card below on a monthly basis until pledge is fulfilled
- Charge me \$ _____ now, and I'll make arrangements to pay the rest later or
- \$100/month for 10 months or \$25/month for 40 months (3.4 yrs) or
 \$17/month for 59 months (4.9 yrs) or Custom: \$ _____/month for _____ months

If including full or partial payment at this time, indicate payment method:

- Check *made out to National AMBUCS* OR Cash
- Credit Card # _____ Exp. Date _____ Billing Zip _____ Security (CSV) Code _____
Name on Card _____ Email for Receipt _____

I understand this is a personal commitment. I further understand that the principal will be invested, with only the earnings to be used to fund the Scholars program.

Printed Name

Signature

Chapter



Date

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