



# INTERNATIONAL SKYDIVING MUSEUM & HALL OF FAME™

## Ambassador Commitment Form

*I want to be an Ambassador for this exciting, once-in-a-lifetime project!*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Mailing Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I will make (check one):

- A onetime tax-deductible donation of \$5,000.
- Five annual tax-deductible donations of \$1,000.
  - Send your check payable to: **International Skydiving Museum, Attn: Ambassador Program** to 1648 Taylor Road, Suite 514, Port Orange, FL 32128

- Fifty automatic monthly and tax-deductible donations of \$100.
  - We will call you to set up your automatic monthly payments.

If another Ambassador recruited you to be an Ambassador, please provide their name: \_\_\_\_\_

May we recognize your support on our website and in our newsletter? Yes

Signed: \_\_\_\_\_ Date: \_\_\_\_\_