



# International Skydiving Museum & Hall of Fame™

## Ambassador Commitment Form

AMBASSADOR



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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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.

- We will invoice you and provide a tax receipt.

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: \_\_\_\_\_

You are welcome to recognize my support in museum publications & platforms.

Please send me occasional email updates.

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