Walker Chapter
Donation Form

Please complete the form below and return it with your check to:

Walker AMBUCS
P.O. Box 81
Marne, MI 49435

The Walker Chapter of AMBUCS is a non-profit organization.

$_____ _____ _____
Amount Check # Date

O Mr. O Mrs. O Ms. _____ _____
First Last

_____ _____ _____ _____
Home Address City State Zip

_____ _____ _____
Email Phone Fax

Would you like your donation to go toward a specific project?

O AmTryke O Indian Trails Camp O National AMBUCS Living Endowment

O Scholarships

Comments:

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Creating Mobility and Independence for People with Disabilities