AMBLER SAVINGS BANK
Founded 1874

Message Request Form
For Messages on Gateway Sign

Name: _____

Department/Organization: _____

Day Time Phone Number: _____

Address: _____

_____

_____

Email Address: _____

Dates Requested (14 day maximum): From:_____ to _____

Print your message in the area below in capital letters. The message MUST NOT exceed Four lines and sixteen characters per line.

(If you have difficulty making your message clear in four lines please contact Carolyn Watson.) Please submit your request 14 days prior to "FROM" date above.

_____

_____

_____

_____

Submit your request form to Carolyn Watson:

1. **Email: cwatson@amblersav.com**
2. **Fax: 215.619.8875**
3. **Mail: 155 E. Butler Avenue, PO Box 210, Ambler, PA 19002**

Note: No message requests will be accepted by telephone

Guidelines for Advertising on Ambler Savings Bank's Gateway Sign

Ambler Savings Bank publishes electronic messages of local events and emergencies occurring in our community. Organizations must be registered Non-Profits. Ambler Savings Bank does not guarantee to display any messages and has sole and absolute discretion on whether to display a message. Messages and the applicant must meet the requirements of this application form. Messages may be edited. The number of requests, the date submitted, and the message will have a bearing on whether the message will be shown. The number of messages which can be displayed is limited. The Bank retains the right to determine the priority and length of display time.

I have read and understand the guidelines governing operation of the Ambler Savings Bank Gateway Sign. I hereby accept responsibility for the accuracy of the message submitted on this form for display on the sign.

Signature: _____

For Bank Use

Received by: _____ **Date:** _____

Completed by: _____ **Date:** _____