



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 will publish 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. 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: _____