



**WISCONSIN
BIKE FED**

Share Your Support for Cycling in WI

Primary Name (First, Last) _____

Additional Adult Name at same residence, if applicable (First, Last) _____

Address/City/State/Zip _____

Email Address _____ Phone Number _____

- **Ride Guide Preference:** ☐ Please mail a printed copy ☐ Please email a digital copy
- **Are you a member of a bike club or team?** If yes, club/team name: _____
- **Would you like to receive information about including Bike Fed in your Estate Plans?** ☐ Yes ☐ No
- **Employer Name (if applicable):** _____
- **May we share your contact information with other organizations that are relevant to your interests?** ☐ Yes, it is okay to share ☐ No, please do not share

Total Amount of Gift/Check Enclosed (*Payable to Wisconsin Bike Fed*): \$ _____

Please Mail this Form with Payment to:

Wisconsin Bike Fed
612 W Main St – Suite 200
Madison, WI 53703-4714

**For credit card, monthly sustaining & annual renewing transactions, please visit
wisconsinbikefed.org/support-bike-fed**

You may anticipate receiving a thank you letter by mail approximately 4 weeks after payment has been processed.

THANKS for your support to help move cycling forward in Wisconsin!

Questions? WisconsinBikeFed.org | 414-626-1540 | donorservices@wisconsinbikefed.org