



DONATION INFORMATION FORM

DONOR INFORMATION

(Please print or type)

Name _____

Billing address _____

City, State, Zip _____

Phone _____

Email _____

[Please make all checks payable to: Bike Safe IM Foundation Inc.]

[Mail to: Bike Safe IM Foundation Inc., 5801 M St., Lincoln NE 68510]

(If you are making a pledge, please also complete the following section)

PLEDGE INFORMATION

I (we) pledge a total of \$ _____ to be paid:

Now Monthly Quarterly Yearly

I (we) plan to make the contribution in the form of:

Cash Check Credit Card Other

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements regarding the donation/pledge:

I (we) wish to have our gift remain anonymous

SPECIAL INSTRUCTIONS OR NOTES

Signature(s)

Date: _____

