



Mail-in Donation Form

Thank you for your support! Your donation will enable us to speak for Californians as we work at the state level for better laws and more funding for great bikeways, and a safer, healthier, and more prosperous California. Donation is tax-deductible and we will send you a receipt.

Name: _____ Donation Amount: \$100 \$50 Other _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Name of Dream Rider to credit this donation to: _____

Check here if you wish to not be added to our list.

Payment Information:

Please make checks/money orders payable to "California Bicycle Coalition Education Fund."

Mail your completed donation form and check to: California Bicycle Coalition
1017 L Street, #288
Sacramento, CA 95814

If donating by credit/debit card:

Credit/Debit Card Number: _____ - _____ - _____ - _____ Exp Date (MM/YY): ____/____ CVC _____

Cardholder Name: _____ Signature: _____ Date: _____

Please note: Donations must be received by November 15th to ensure credit to your Dream Rider.

Have questions? Contact jenn@calbike.org, call at 916-778-0746 or go to our website at cadreamride.org

