



**GIVING BIKES BACK**

## DONATION REQUEST FORM

Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_ Height(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**How do you plan to use the bike(s)?**

**What would having a bike mean to you?**

**Email the completed form to: [needs@givingbikesback.org](mailto:needs@givingbikesback.org)**

*By submitting this form, you consent to your story being used anonymously in our marketing materials, including but not limited to websites, social media, and promotional content. No personally identifiable information will be shared.*