

NC BikePAC
"Freedom Through Action"



REQUEST
FOR BikePAC FUNDS

Fundraiser for _____

Amount Needed: _____

Checks Made Payable To: _____

Campaign Committee Address:

Date of Fundraiser: _____ Location: _____

Number of Tickets To Be Purchased: _____

To Be Attended By (list each person separately):

Name, Title (if any) and Affiliation _____
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Mail To: NC BikePAC, P.O. Box 1554, Shallotte, NC 28459

If time is too limited to mail request, email request to stateinfo@atmc.net or call Deb Knox at 910-754-2304.