

Loppet Foundation Gift Membership Form

To give a gift membership, fill out and return this form to The Loppet Foundation, 1301 Theodore Wirth Parkway, Minneapolis MN 55422. Call (612) 644-0672 or email byrne@loppet.org for more information or if you need expedited service.

| YOUR CONTACT INFORMATION | CONTACT INFORMATION FOR THE RECIPIENT |
|--------------------------|---------------------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City/State/Zip _____ | City/State/Zip _____ |
| Email _____ | Email _____ |
| Phone _____ | Phone _____ |

- Please send membership materials to me—I will present them to the recipient.
 Please send membership materials directly to the recipient.
Please include this brief gift message from me (optional):

Choose a Membership Level:

- | | | |
|---|-------|----------|
| <input type="checkbox"/> Youth (Under 18) | \$15 | \$ _____ |
| <input type="checkbox"/> Basic Individual | \$40 | \$ _____ |
| <input type="checkbox"/> Premium Individual | \$80 | \$ _____ |
| <input type="checkbox"/> Basic Family | \$60 | \$ _____ |
| <input type="checkbox"/> Premium Family | \$110 | \$ _____ |
| <input type="checkbox"/> Business | \$150 | \$ _____ |
| Total Amount of Membership | | \$ _____ |

Note: If your gift membership recipient already has a Loppet membership, your gift will extend their membership a full year past the current expiration.

Make an Additional Donation to the Loppet Foundation

- Annual Fund \$ _____

Total Amount Enclosed \$ _____

Payment Information

- Check enclosed (payable to The Loppet Foundation)
 Please charge my: VISA MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

Billing address

- Same as my address above

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ home work mobile