BRIDGE Membership Form

Complete this form & send to BRIDGE with your payment. Thank You!

If your mailing label shows:

2027, thank you for your renewal.
2026, 2025 or earlier, we hope you'll continue your support and renew today.
If you have no date on your mailing label, we hope you'll begin your membership with BRIDGE today! YOU TRULY ARE APPRECIATED!

Membership choice

- ☐ Yes, I want to JOIN!
- ☐ I want to RENEW my membership!
- ☐ Additional Gift

FULL NAME

_____

ADDRESS

_____

CITY/STATE/ZIP

_____

TELEPHONE

_____

EMAIL

_____

I AM A:

- ☐ Parent of individual with a disability
- ☐ Relative
- ☐ Grandparent
- ☐ Self-Advocate
- ☐ Educator
- ☐ Sibling
- ☐ Interested Citizen
- ☐ Business Owner
- ☐ Caregiver

Place a Check Mark next to the membership level of your choice below:

BRIDGE Membership Levels

Individuals & Families

- ☐ BRIDGE LEADER 5,000+
- ☐ PATRON $2,500+
- ☐ LEADER $1,000+
- ☐ CHAMPION $750+
- ☐ SUSTAINER $500+
- ☐ COMPANION $200+
- ☐ FRIEND $50+
- ☐ BUDDY $30+
- ☐ INDIVIDUAL $10+

Organizations & Businesses

- ☐ BRIDGE LEADER 5,000+
- ☐ PATRON $2,500+
- ☐ LEADER $1,000+
- ☐ CHAMPION $750+
- ☐ SUSTAINER $500+
- ☐ SUPPORTER $250+

Please make payment to:

BRIDGE
PO Box 1620
651 Brakke Drive,
Hudson, WI 54016

Your tax-deductible donation to BRIDGE For Community Life will help fund existing programs and the development of future programming. Thank You!