

Yes, I want to support La Crosse Public Schools!

Name(s): _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Phone/email will be used for communication regarding this donation.

Please check here to receive occasional email newsletters and other news from the La Crosse Public Education Foundation.

Please use this gift:

For Greatest Need

Or select:

Classroom grants

Teacher training

Random Acts of Kindness

Other (specify)



Gifts to the Foundation are tax deductible as allowed by law.

Gift Amount

\$1,000 \$500 \$250 \$100

\$75 \$50 \$35 Other _____

Cash/check enclosed. Made payable to:

La Crosse Public Education Foundation

Please charge my Visa/MC/Discover Card:

Card# _____

Exp. Date: _____ Security Code: _____

Name on card: _____

Signature _____

Deduct above amount from my credit card:

Once Monthly Quarterly Annually

Recurring payments continue until otherwise instructed

Optional -- This gift is:

In honor of:

In memory of:

Please send an acknowledgement card (without reference of amount) to:

Name: _____

Address: _____

City: _____

State: _____ Zip _____

Gifts to LPEF support innovation and student needs in schools. Your gift is greatly appreciated!

La Crosse Public Education Foundation
P.O. Box 1811
La Crosse, WI 54602-1811