

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

Name(s) _____ Gift Amount \$ _____

Address _____ City/St/Zip _____

Cash/Check enclosed MC/Visa Card# _____ Exp _____

USE THIS GIFT

In the Area of Greatest Need

Or in support of (*check box*):

Classroom Innovation

Teacher Excellence

Random Acts of Kindness

Other (please specify) _____

Please visit www.lacrosseeducationfoundation.org for a full list of funds.

☆ I am a proud graduate of _____ High School, class of _____.
Note city if not La Crosse _____

OPTIONAL

This Gift is made (*check one*):

In honor

In memory of _____

Please Notify _____ (*your gift amount will remain confidential*)

Address _____ City/St/Zip _____

Please make checks payable to:

La Crosse Public Education Foundation

Gifts to the Foundation are tax deductible as allowed by law.
For more information call (608) 787- 0226 or visit our website at
www.LaCrosseEducationFoundation.org. **Thank you!**

