

HOW YOU CAN HELP

Check enclosed (payable to GLACC Foundation)

Pledge \$ _____
Invoice as follows: _____

Credit Card: Visa Mastercard

Card Number: _____

Expiration Date: _____

Billing Address: _____

Signature: _____

Pledge \$ _____ Send ETF (Electronic Fund Transfer) information

Gift of Stock/Securities (Foundation Office will contact you.)

Estate Planning Gift by will, trusts, insurance or
retirement plans/accounts (Foundation Office will contact you.)

Gift of Real Estate (Foundation Office will contact you.)

Please send me more information:

Name _____

Company _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Fax _____

E-mail _____

Return form to:
GREATER LA CROSSE AREA
CHAMBER OF COMMERCE FOUNDATION
712 Main Street
La Crosse, WI 54601
(608) 784-4880