

YES! I want to support the mission of the Women's Fund with a tax-deductible gift:

In the amount of:
 \$1,000 \$500
 \$250 \$100
 \$50 Other

Payment Information:
Check (made payable to the Women's Fund)
Charge my gift (circle one)
• Visa • Master Card
• Discover • American Express
Card # _____
CSC: _____ (3-digit # on the back of your card)
Expiration ___/___/___

To be used for:

- Greatest Need
- Operations
- Endowment
- Grants/Programs
- Other

My name: _____ Phone: _____ h/c/w

My address: _____ Email: _____ @ _____

This gift is: in memory of in honor of _____

To make a donation on line, visit www.WomensFundLaCrosse.org

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- Please send a "Helping Others Bloom" card to the following:

Name: _____
Address: _____ City/State/Zip: _____
Message: _____
Sign my name as: _____

Name: _____
Address: _____ City/State/Zip: _____
Message: _____
Sign my name as: _____

Thank you for your commitment to the **Women's Fund** of Greater La Crosse!