

**Gifts to LPEF support innovation and creativity in our schools. Your contribution is greatly appreciated.**

Name(s) \_\_\_\_\_ Gift Amount \$ \_\_\_\_\_  
*(as you wish to appear in print)*

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*):

- |  |   |
|--|---|
| <input type="checkbox"/> Classroom Innovation                          | <input type="checkbox"/> Teacher Excellence           |
| <input type="checkbox"/> Essentials for Student Learning & Achievement | <input type="checkbox"/> Other (please specify) _____ |

**OPTIONAL**

This gift is made (*check one*):

- In honor*
- In memory*    of \_\_\_\_\_

Please notify \_\_\_\_\_ (*your gift amount will remain confidential*)

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Relationship to deceased (for memorials) \_\_\_\_\_

**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.lpefonline.org](http://www.lpefonline.org). **Thank you!**

