

### OUR MISSION

Gundersen Partners serves as a group of caring, committed individuals dedicated to enhancing patient and family care, healthcare education and community well-being through service and fundraising.

SECTION 1: CONTACT INFORMATION	
Today's Date:	Date of Birth (optional) (month/day):
First Name:	Last Name:
Current Address:	
City:	State / Zip Code:
Home Phone #:	Cell Phone # (optional):
*Email Address:	
Please indicate your preference for receiving future newsletters <input type="checkbox"/> US Mail <input type="checkbox"/> Email	
Are you a current Gundersen Health System employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current Gundersen Health System volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*By providing your email address, you are giving permission to Gundersen Partners to contact you via email.

SECTION 2: MEMBERSHIP DUES		TOTAL
Membership Category: <input type="checkbox"/> New Member \$10 <input type="checkbox"/> Renewal \$10		\$ _____
I would like to give the gift of a Gundersen Partners membership to a caring member of our community. Please complete the information on the reverse side of this form for each gift membership. <input type="checkbox"/> _____ x \$10 each		\$ _____
Additional Donation: <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> Other Amount: \$ _____ <i>Gundersen Partners is a 501(c)(3) charitable organization. Your gift is tax deductible to the extent allowed by law.</i>		\$ _____
TOTAL AMOUNT ENCLOSED		\$ _____
Please Make Checks Payable to: Gundersen Partners and return in the enclosed prepaid envelope All new members will receive a new member packet. Send your membership dues to: Gundersen Partners, 1900 South Avenue, Mailstop H04-009, La Crosse, WI 54601 Please direct any questions to Sheila Erickson at (608) 775-3602		

GIFT MEMBERSHIP #1	
First Name:	Last Name:
Current Address:	
City:	State / Zip Code:
Home Phone #:	Cell Phone # ( <i>optional</i> ):

GIFT MEMBERSHIP #2	
First Name:	Last Name:
Current Address:	
City:	State / Zip Code:
Home Phone #:	Cell Phone # ( <i>optional</i> ):

GIFT MEMBERSHIP #3	
First Name:	Last Name:
Current Address:	
City:	State / Zip Code:
Home Phone #:	Cell Phone # ( <i>optional</i> ):