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☐ Check: Please make your tax deductible contribution payable to:
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1836 South Ave., C03-006
La Crosse, WI 54601

☐ Charge my gift to: MasterCard_____ Visa_____ Discover_____ American Exp. _____

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Mail form to: Gundersen Medical Foundation, 1836 South Ave., C03-006, La Crosse, WI 54601. Please call our office with questions at 608-775-6600 OR email gmf@gundersenhealth.org. Thank you for your generosity.