

**Rotary Club of La Crosse
2019 Fruit Basket Fundraiser
Order Deadline – December 2nd**



Number of Baskets _____ @ \$23 each = \$ _____.

Payment must accompany order. Make check payable to Rotary Club of La Crosse.
Send your order and payment to PO Box 1914, La Crosse, WI 54602-1914.

My name _____ My phone # _____

You can pick-up or we can deliver these baskets to locations within a 20-mile radius of La Crosse. Choose one:

I will pick-up my baskets at 27 Market Street, La Crosse: Sat. December 14th ___ or Mon. December 16th ___. **OR**

I would prefer my baskets to be delivered: Sat. December 14th ___ or Mon. December 16th ___.

Name and address of those to receive a basket. (attach a list of additional names and addresses as necessary)

Name(s) _____

Street Address _____

City, State, Zip _____

Phone Number _____

Your name, as you wish it to appear on the gift card: _____.

Rotarian to be credited for purchase if applicable: _____.

- - - - -

Number of Baskets _____ @ \$23 each = \$ _____.

Payment must accompany order. Make check payable to Rotary Club of La Crosse.
Send your order and payment to PO Box 1914, La Crosse, WI 54602-1914.

My name _____ My phone # _____

You can pick-up or we can deliver these baskets to locations within a 20-mile radius of La Crosse. Choose one:

I will pick-up my baskets at 27 Market Street, La Crosse: Sat. December 14th ___ or Mon. December 16th ___. **OR**

I would prefer my baskets to be delivered: Sat. December 14th ___ or Mon. December 16th ___.

Name and address of those to receive a basket. (attach a list of additional names and addresses as necessary)

Name(s) _____

Street Address _____

City, State, Zip _____

Phone Number _____

Your name, as you wish it to appear on the gift card: _____.

Rotarian to be credited for purchase if applicable: _____.