

ORDER FORMS...if you need more order forms...please feel free to make copies...or send a list of names and addresses...thank you.

Number of Baskets _____ @ \$20 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.

We will deliver these baskets to locations within a 20 mile radius of La Crosse.
Name and address of those to receive basket.

Name(s) _____

Street Address _____

City, State, Zip _____

Phone Number _____



Preferred delivery date: Sat. December 9th _____ or Mon. December 11th _____.

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

Rotarian to be credited for purchase if applicable: _____

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