

### 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 only):
First Name:	Last Name:
Current Address:	
City:	State / Zip Code:
Home Phone #:	Cell Phone # (optional):
*Email Address:	

\*By providing your email address, you are giving permission to Gundersen Partners to contact you via email. All newsletters and updates are delivered via email. Sorry, newsletters and updates cannot be delivered via U.S. Mail.

### SECTION 2: MEMBERSHIP DUES

	TOTAL
<b>Membership Category:</b> <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 <u>reverse</u> side of this form for each gift membership. <input type="checkbox"/> _____ x \$10 each	\$ _____
<b>Additional Donation:</b> <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> Other Amount: \$ _____ Gundersen Partners is a 501(c)(3) charitable organization. Your gift is tax deductible to the extent allowed by law.	\$ _____
<b>TOTAL AMOUNT ENCLOSED</b>	\$ _____
<p style="text-align: center;">Please Make Checks Payable to: Gundersen Partners and return in the enclosed prepaid envelope</p> <p style="text-align: center;">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</p>	

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> :