



Yes! I want to support La Causa's programs and services for children and families.

Enclosed is my donation to La Causa in the amount of:

_____ \$1000 _____ \$500 _____ \$250 _____ \$100 _____ Other \$ _____

My company will match my donation. I will notify them of my gift.

Mr. Mrs. Ms. Dr. Name: _____

Address: _____

City/ State/ Zip: _____

Phone: _____ E-mail: _____

Method of Payment

Check (Please make checks payable to La Causa, Inc.)

Cash

MasterCard/ Visa/ Card Number: _____

American Express/ Code: _____

Discover

Expiration Date: _____ Signature: _____

This is a donation in Honor of or Memory of _____

*La Causa, Inc. is a charitable organization under section 501 (c)(3) of the Internal Revenue Code.
Your gift is tax deductible for federal income tax purposes as allowed by law.*

Please return this form along with your donation to:

**La Causa, Inc.
c/o Fund Development
P.O. Box 04188
Milwaukee, WI 53204-0188**

For more information please visit www.lacausa.org or please call 414-316-5498.

Thank you for putting children and families first.