

Tuesday August 17th

Please complete the following and submit with payment:

Organization: La Crosse County Child Foster Care Program

Purchaser's Name: _____

Purchaser's Phone: _____

Amount of Purchase: \$_____

Tuesday September 21st

Please complete the following and submit with payment:

Organization: La Crosse County Child Foster Care Program

Purchaser's Name: _____

Purchaser's Phone: _____

Amount of Purchase: \$_____

Tuesday October 19th

Please complete the following and submit with payment:

Organization: La Crosse County Child Foster Care Program

Purchaser's Name: _____

Purchaser's Phone: _____

Amount of Purchase: \$_____