

Care & Share - Subscription Order Form (Please Print)

NAME _____

Select → \$20 / year Printed & Mailed \$8 / year Email \$28/year Both

Select → for myself gift (If so, indicate that person's contact info. below)

MAILING ADDRESS _____

EMAIL _____

PHONE NUMBER _____

Mail Form & payment to:

La Crosse Area Intergroup

PO BOX 1212

La Crosse WI 54602-1212