

Yes, I want to join L-Club!

L-Club Membership Levels

- EAGLE BOOSTER (\$50) \$ _____
- EAGLE CENTURY (\$100) \$ _____
- EAGLE MAROON & GRAY (\$250) \$ _____
- EAGLE BRONZE (\$500) \$ _____
- EAGLE SILVER (\$1,000) \$ _____
- EAGLE GOLD (\$2,500+) \$ _____
- EAGLE PLATINUM (\$5,000+) \$ _____

TOTAL MEMBERSHIP CONTRIBUTION

\$



Return form to:

University of Wisconsin-La Crosse
Foundation — Athletics
615 East Ave. N.
La Crosse, WI 54601

L-Club Designation

SUPPORT SERVICES

Total Athletic Program

- Athletic Training
- Sports Information
- Strength Center

MEN'S SPORTS

- Baseball
- Basketball
- Cross Country
- Football
- Indoor/Outdoor Track
- Swimming & Diving
- Tennis
- Wrestling

WOMEN'S SPORTS

- Basketball
- Cross Country
- Indoor/Outdoor Track
- Gymnastics
- Soccer
- Softball
- Swimming & Diving
- Tennis
- Volleyball

Name/Company Name (under which membership should be listed)

Matching gift program

Contact Person (if membership is under company name)

Home Phone

Work Phone

Fax#

Mailing Address

City

State

ZIP

E-mail Address

Payment Options

- Cash Check
 Direct Payment Plan (membership dues only)
 Visa MasterCard Discover American Express

CC # _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiration Date ___ ___ / ___ ___

Signature _____

PAYMENT OPTIONS

Cash, check credit card or electronic transfer (*automatic withdrawal*) If you would like the convenience of direct electronic transfers from your checking or savings account, see the authorization form to the right. (Electronic transfers can only be used for the gift portion, not for the purchase of tickets.)



Your *L-Club* gift is tax deductible to the full extent of the law. It will allow UW-L student-athletes to continue to compete successfully and experience all the benefits an outstanding athletic experience can provide.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize *L-Club*, Inc. and the financial institution named below to initiate entries to my checking/ savings account for payment of my *L-Club* membership dues. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Financial Institution _____

Branch _____

City _____

State _____

ZIP _____

Account No. _____

Financial Institution Routing Number _____

I authorize ___ monthly payments of \$ _____. Total Membership Dues: \$ _____

Signature _____ Date _____

Eagle Pride Volunteer _____



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Athletics
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La Crosse, WI 54601**