

**Jim Busta's Fundraiser Form**  
*April through June of 2022*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone (optional) \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Donation: \$ \_\_\_\_\_ .00

Donation Recipient:

- Children's Miracle Network Hospitals in SE Minnesota, Western Wisconsin, and NE Iowa
- Other: \_\_\_\_\_

Shirt Size: YS YM YL S M L XL 2XL 3XL

If you wish to receive more than 1 shirt, we request you donate at least \$20 per shirt, and put specific instructions below.

Send this form and check to:  
**Jim Busta Fundraiser**  
**4036 Pineview St**  
**Onalaska, WI 54650**