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| <input type="checkbox"/> Larson Research Grant | <input type="checkbox"/> WSHA Research Grant | <input type="checkbox"/> Any Scholarship | <input type="checkbox"/> Any Research Grant |

Amount Enclosed: \$ _____

Contact me about establishing a named or endowed scholarship or research award (Note: \$500 minimum annual donation)

Mail this form in the enclosed envelope to:
WSHA Foundation
344 Evergreen Lane
Pewaukee, WI 53072
Make checks payable to: WSHA Foundation