



CONTRIBUTION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Enclosed \$ _____ Phone (opt) _____

Email Address _____

I wish my contribution to remain anonymous.

I wish my contribution to be tax deductible where allowed by law. My check is made out to the "LWV Dare CEF" which is a 501(c)(3) organization.

I wish to support the League's action priorities. My check is made out to the "League of Women Voters" and is not tax-deductible.

Comments _____
