



Donation Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Enclosed \$ _____ Phone (opt) _____

Email _____

_____ I wish to support the League's action priorities. My check is made out to the "LWV OF DARE" and is not tax-deductible

_____ I wish my contribution to be tax-deductible where allowed by law. My check is made out to LWVNC, Inc. which is a 501(c)(3) organization. **Please write DARE on memo line of your check**

_____ I wish my contribution to remain anonymous

Mail this form, along with your check to:

LWV of Dare
PO Box 689
Kitty Hawk, NC 27949