

# League of Women Voters Lansing Area

## 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 "League of Women Voters Education Fund" or "LWVEF" 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 Lansing Area" and is not tax-deductible.

Please mail check(s) to: League of Women Voters Lansing Area  
P. O. Box 971  
East Lansing MI 48826

Comments:

**Thank you for your support!**