

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*" 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 _____

Send donations to League of Women Voters of Geneva, % Marty Davis, 91 N Brook St, Geneva, NY 14456