



League of Women Voters of Virginia  
501 East Franklin St.  
Suite 624  
Richmond, VA 23219

## 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 "*LWVVA 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 \_\_\_\_\_

\_\_\_\_\_

Thank you for your support!

