



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.

Mail to:
League of Women Voters of Virginia
1101 E Main St. Ste. 214A
Richmond, VA 23219

Comments _____

Thank you for your support!

