League of Women Voters Lansing Area

Contribution Form

Name_____

Address_____

City_____ State MI 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 Lansing Area 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 Lansing Area" and is not tax-deductible.

Comments:

Thank you for your support!