

# League of Women Voters of Indianapolis Donation 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 "*LWV-Indianapolis 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!**