



Contribution Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Enclosed \$ _____ Phone (opt) _____

Email Address _____

_____ I wish my contribution to remain anonymous.

Indicate where you wish your contribution to go:

My check is made out to the "LWVMA Citizen Education Fund" which is a 501(c)(3) organization.

I wish to support my local League's programs. My check is made out to the "LWV Plymouth Area" and is not tax-deductible.

Comments

Please mail this form along with your check to:

League of Women Voters Plymouth Area
31 Island Rock
Plymouth, MA 02360

Thank you for Your Support!