



LEAGUE OF WOMEN VOTERS®  
OF BOSTON

## CONTRIBUTION FORM

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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 Boston 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 \_\_\_\_\_

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**Thank you for your support!**