



DONATION FORM

Thank you for supporting the League of Women Voters of Massachusetts! You can direct your contribution to the League of Women Voters of Massachusetts (a 501(c)(4) organization, donations are not tax-deductible) or the League's Lotte Scharfman Memorial Fund (a 501(c)(3) organization, donations are tax-deductible). Please mail your check to:

**LEAGUE OF WOMEN VOTERS OF MASSACHUSETTS
90 CANAL ST., SUITE 414
BOSTON, MA 02114**

Donor Information	
Name _____	Cell Phone: _____
Street _____	Home Phone: _____
City _____ State ____ Zip _____	Email _____
	Local League (if applicable) _____

Gift amount
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> Other \$ _____
<p>Please make your check payable to either LWVMA or LWV Lotte Scharfman Memorial Fund. If you wish to donate to both funds, please check both boxes and submit separate checks.</p> <p><input type="checkbox"/> I wish to donate to the League of Women Voters of Massachusetts, a 501(c)(4) organization (advocacy). Contributions are <i>not</i> tax-deductible.</p> <p><input type="checkbox"/> I wish to donate to the LWV, Lotte Scharfman Memorial Fund, a 501(c)(3) organization (education). Contributions <i>are</i> tax-deductible.</p> <p><input type="checkbox"/> My employer will match my gift. My Matching Gift form is enclosed.</p> <p>This gift is <input type="checkbox"/> in honor of <input type="checkbox"/> in memory of: Name _____</p> <p>Please send notification of this gift to: Name (s) _____</p> <p>Address _____</p>