



CONTRIBUTION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email Address _____

Amount Enclosed \$ _____

_____ 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 Charitable Trust*" 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 of Boston" and is not tax-deductible.

Comments _____

Thank you for your support!