

LEAGUE IMPACT FUND DEPOSIT SLIP

500 Capitol Mall, Suite 2350 #5001, Sacramento, CA 95814
916 442-7215 * lwvc@lwvc.org

LWV of: _____ Date: _____

League Address: _____

City _____ ZIP _____

Sender's Info: _____
Name _____ Title _____

Phone _____ Email _____

Sender's Signature: _____

Please deposit the following checks into the League Impact Fund:

Item #	Check #	Name of Donor or Check Writer	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
16			\$
TOTAL FOR ITEMS ON ADDITIONAL SHEET			\$
TOTAL OF ALL ITEMS			\$