



## DONATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (optional) \_\_\_\_\_ Email (Optional) \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

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 "League of Women Voters of NY State Education Foundation," 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 the Cooperstown Area" and is not tax-deductible.

Check if you wish to receive: our newsletter  action alerts

Mail to:

LWVCA

PO Box 426

Cooperstown, NY13326

Thank you for your support!