

League of Women Voters of San Joaquin County
P.O. Box 4548
Stockton, CA 95204

LWVSJC Donation Form

Please enter the following Information, print the form, and mail with a check to our office.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Amount Enclosed: _____

☐ I wish my contribution to remain anonymous.

Please Select Donation Type:

I wish my contribution to be tax deductible where allowed by law.

- ☐ My check is made out to the "*LWVSJC Education Fund*" which is a 501(c)(3) organization.
I have provided a mailing address so the League can mail me a receipt for my records.

- ☐ 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:

Thank you for your support!

Fill out the form, then use the Print function in your browser to print the form and mail it to the address above.