



**League of Women Voters of Orange, Durham, and
Chatham Counties, Inc. Education Fund**

Application for Grant

Date of request:	
Your name (must be LWVODC member):	
Your email address:	
Your telephone number:	
Amount requested:	\$
Date of event/program:	
Description of items and/or services purchased by this grant:	
Description of how this grant would support the League's education mission:	