



## Donation Form

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Donation to League: \$25 \$50 \$75 \$100 other \$ \_\_\_\_\_  
(Operating expenses, etc.) **Not a tax-deductible Donation**

**Make check payable to LWVMC.** Thank you.

Donation to Education Fund: \$25 \$50 \$75 \$100 other \$ \_\_\_\_\_  
(Education Fund, a 501(c)3 organization, is tax-deductible)

**Make check payable to Education Fund.** Thank you.

***We are not currently accepting  
Education Fund Donations***

Please send this completed form with your check(s) to LWVMC, P.O. Box 57, Crystal Lake, IL 60039-0057