



Winter Fundraiser Form

Name(s) _____

Address _____

City _____ Zip Code _____

Phone (home) _____ E-mail Address _____

Amount enclosed \$ _____

_____ Ticket(s) at \$35 each \$ _____

Additional Optional Donation with Purchase \$ _____

I Cannot Attend, but Enclosed is my Donation
To LWVS \$ _____

TOTAL ENCLOSED \$ _____

Please make check to LWV of Scarsdale. Your check is not tax deductible due to our 501(c)(4) status.

Please send your check to:
Janice Starr
65 Church Lane
Scarsdale, New York 10583
Questions Call 914-472-8851

*We look forward to seeing you at the Winter Fundraiser on Saturday,
January 27 from 5:00pm-7:00pm at 2 Oak Lane.
Thank you for your support!*