



## **Donation Form**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work/day) \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

\_\_\_\_ I wish my contribution to be tax deductible where allowed by law. My check is made out to the "*LWVNYS Education Foundation*" which is 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 Scarsdale*" and is not tax deductible.

\_\_\_\_ I wish my contribution to remain anonymous.

Comments (e.g. potential areas of interest in the League) \_\_\_\_\_

Thank you for your support!

**Please send your check to:  
League of Women Voters of Scarsdale  
P.O. Box 495  
Scarsdale, New York 10583**

*Questions Call 914-472-7797*