



Donation Form

Yes, I support the League of Women Voters of Wisconsin Education Fund!

**Please designate how you would like us to use your tax-deductible contribution:
(choose ONE)**

___ Use my gift where it's needed most.

___ To support the Voter ID lawsuit.

___ I want to support my local League through the Birthday Fund.

(Birthday Fund contributions are split evenly between the LWVWI Education Fund and your Local League)

___ My gift is for the Meg McLane Advocacy Award.

___ My gift is in honor / memory of: _____

*LWVWI Education Fund is a nonprofit organization that is tax-exempt under Section 501(c)(3) of the tax code.
Donations are tax-deductible to the extent allowed by law.*

Name _____

Address _____

City _____ Zip _____

Email _____

Gift Amount \$ _____

Payment method:

Check enclosed.

Charge my (circle one): Mastercard / Visa

Card # _____ - _____ - _____ - _____

Expiration Date: ____/____ (month/year)

Signature _____

Please check all that apply:

I prefer my gift to be anonymous

Please send me League updates by email.

Note: We will not share your email address with others. You may unsubscribe at any time.

Please return this form to: LWVWI, 612 W Main Street, Suite 200, Madison, WI 53703.

**To become a monthly donor, please fill out the form on the back of this sheet.
Thank you.**

