



## Contribution Form

(To become an Enduring Support Contributor with monthly contributions, please fill out the form on the back of this sheet.)

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

- Use 100% of my gift where it's needed most.  
 Voter Protection Fund  
 My gift is in honor / memory of: \_\_\_\_\_

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

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Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Amount:**

- \$500  \$250  \$100  Other \$ \_\_\_\_\_

**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 my thank you note and receipt to my email \_\_\_\_\_  
 Please send weekly League updates to my email\* \_\_\_\_\_  
 Please contact me about legacy giving.

*\* You may unsubscribe from the email updates at any time.*

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

**Thank you!**



## Monthly Contribution Form

**Use this side to provide Enduring Support for the League!**

(To make a one-time contribution, please fill out the form on the back of this sheet.)

### Benefits of being a monthly donor:

- \* Monthly contributions are secure and convenient for you, and they provide enduring support for the League.
- \* Monthly giving saves postage – no stamps needed!
- \* It's easy to sign up – and easy to cancel at any time.
- \* There are two options – monthly payments from your bank account or your credit card.
- \* You will receive a receipt annually for your tax records.

**How monthly contributions work:** Complete the form below to authorize regularly scheduled payments from your checking, savings or credit card account. Then, sit back and relax. Your payments will be made automatically and securely around the 15th of each month, and proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify the League to terminate the authorization. This authority will not transfer to any other payments or transactions.

I authorize \_\_\_ **LWVWI** to initiate electronic debit entries to my

\_\_\_ checking account    \_\_\_ savings account    \_\_\_ Mastercard    \_\_\_ VISA

for my contribution in the amount of \$\_\_\_\_\_ to be withdrawn **on the 15<sup>th</sup> of every month.**

*I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.*

Your Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### CHECKING/SAVINGS ACCT DONORS:

Bank Name \_\_\_\_\_

Bank City/State \_\_\_\_\_

Account# \_\_\_\_\_

Routing # \_\_\_\_\_

### CREDIT CARD DONORS:

Bank Name \_\_\_\_\_

Street Address \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_  
(month/year)

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