Support the League of Women Voters of Wisconsin!

☐ I want to support advocacy! (payable to LWVWI)

☐ I want to support my local League! (payable to LWVWI Birthday Fund)
(Birthday Fund contributions are split evenly between the state League and your Local League)

☐ I want to support voter education! (payable to LWVWI Education Fund)

☐ I want to support the Meg McLane Fund! (payable to LWVWI Education Fund)
(Meg McLane Fund contributions go toward an award honoring Wisconsin's good government advocates)

My gift is in honor / memory of: _____

☐ Please contact me with additional information about including the League in my estate plans.

Only donations to the Education Fund are tax-deductible. LWVWI Education Fund is a nonprofit organization that is tax-exempt under Section 501(c)(3) of the tax code.

Gift Information

Amount: $_____

☐ My check(s) is/are enclosed.

☐ Please charge my (circle one): Mastercard / Visa
Card #_____-_____-_____-_____
Expiration Date: _____/_____ (month/year)

Giver Information

Name _____ ☐ *Anonymous*

Address_____

City_____ Zip_____

Email _____
□ Email Action Alerts! □ Email weekly League Leader Updates

The League will not share your email address with any other organization. You may unsubscribe at any time.

✂**********✂**********✂

Become a Monthly Donor!

Complete the information below to authorize regularly scheduled payments to be made from your checking, savings or credit card account. Then, sit back and relax. Your payments will be made automatically and securely on 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. You will receive a receipt annually for your tax records.

Monthly Donations are…
* convenient for you and provide on-going support for the League.
* cost effective – no stamps needed!
* easy to sign up for – and easy to cancel at any time.

I authorize LWVWI Education Fund to debit my: ☐ checking account ☐ savings account
☐ Mastercard ☐ VISA

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.

in the amount of **$**_____ **on the 15th** of each month.

Your Name_____ **Signature**_____ **Date**_____

CREDIT CARD DONORS:

Address_____

City_____ State____ Zip _____

Card #_____ Exp. Date_____

CHECKING/SAVINGS ACCOUNT DONORS:

Bank Name_____

Bank City_____ State_____

Account #_____

Routing #_____

THANK YOU! **Please return this form to:** LWVWI, 122 State Street, Suite 405, Madison, WI 53703

Did you know you can also give with your credit card online? Visit www.lwvwi.org to learn more!