



CONTRIBUTION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Enclosed \$ _____ Phone (opt) _____

Email Address _____

____ I wish my contribution to remain anonymous.

____ I wish my contribution to be tax deductible where allowed by law. My check is made out to the "League of Women Voters of Oregon Education Fund" 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" and is not tax-deductible.

Comments _____

MAIL FORM AND CONTRIBUTION CHECK TO:

LWVMPC Treasurer
P. O. Box 421
Salem, OR 97308

Thank you for your support!