



**League of Women Voters of Missouri
8706 Manchester Road, Ste 104
St. Louis, Missouri 63144-2724**

Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (optional) (____) _____

E-Mail: _____

____ 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 "LWVMO 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

Amount Enclosed \$ _____

Comments

We rely on dues and donations to support our programs.

Thank you for your support!