



LEAGUE OF WOMEN VOTERS
OF COLLIN COUNTY

Contribution Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: (optional) _____ E-mail:(optional) _____

\$_____ Amount enclosed (Not deductible as a personal or business expense for tax purposes)

Make check payable to LWV-Collin County and mail with application to:
LWV-Collin County, PO Box 866592, Plano, TX 75086-6592

\$_____ Contribution to our Education Fund for educational activities (Tax deductible)
(e.g., Voters Guides, Guide to Elected Officials, candidate forums, and public forums)

Make a *separate check* payable to LWV Education Fund and include in same envelope.

_____ I wish my contribution to remain anonymous.

Comment: _____

Please mail form and check(s) to:

**League of Women Voters of Collin County
P. O. Box 866592
Plano TX, 75086-6592**

Thank You for your support!