



**LEAGUE OF WOMEN VOTERS  
OF WELLESLEY**

**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 Education Fund" which is a 501(c)(3) organization.

I wish to support the Wellesley League's action priorities. My check is made out to the "League of Women Voters - Wellesley." This donation is not tax-deductible.

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please mail your check along with this form to:**

**League of Women Voters of Wellesley  
6 Monroe Road  
Wellesley, MA 02481**

**Thank you for your support!**