League of Women Voters of Irving

CONTRIBUTION FORM

Name:			
Address:			
City:	State:	Zip Code:	
Amount Enclosed:	_ Phone (opt	t):	
I wish my contribution to ren	nain anonymou	JS.	
I wish my contribution to be made out to the LWV of Texas Educideposit to LWV of Irving TEF according anization.)	cation Fund (F	Please insert on check MEM	
I wish to support the Irving L LWV of Irving and is not tax-deduc	•	al fund. My check is made	out to
I want my contribution to be	a tribute or a m	nemorial gift:	
Name of honoree:			
Name of deceased:			
Person to be notified (include ad	ldress):		
Please check the donation level that	t is most comfo	ortable for you:	
\$50.00	\$150.00 \$250.00 \$500.00		

Thank you for your support!