

League of Women Voters of Irving

CONTRIBUTION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount Enclosed: _____ Phone (opt): _____

_____ 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 LWV of Texas Education Fund (Please insert on check MEMO line - 'deposit to LWV of Irving TEF account'. Note that the ED Fund is a 501(c)(3) organization.)

_____ I wish to support the Irving League's general fund. My check is made out to **LWV of Irving** and is not tax-deductible.

_____ I want my contribution to be a tribute or a memorial gift:

Name of honoree: _____

Name of deceased: _____

Person to be notified (include address): _____

Please check the donation level that is most comfortable for you:

_____ \$25.00	_____ \$150.00
_____ \$50.00	_____ \$250.00
_____ \$75.00	_____ \$500.00

Thank you for your support!