



# Ashland & Bayfield Counties League of Women Voters

## Donation Form

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Make check payable to League of Women Voters of Ashland & Bayfield Counties.

☐ I wish my contribution to remain anonymous.

☐ I wish my contribution to be tax deductible, where allowed by law.

(LWV/ABC is a 501(c)(3) organization.)

**Thank you for your support!**

**Mail check and completed form to:**

LWV/ABC

Attn: Treasurer

PO Box 175

Ashland, WI 54806

---