



Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Amount enclosed: \$ _____

I wish my contribution to remain anonymous.

This donation is being made in honor of _____

This donation is being made in memory of _____

Other purpose for this donation: _____

Thank you for your support!

Mail check and completed form to:

LWVNOW
P.O. Box 223
Minocqua, WI 54548