



Withdrawal Request Form

Please complete the below form in its entirety and email to GrantServices@lww.org. Alternatively, the form can be mailed to:

League of Women Voters Education Fund
1730 M St, NW
Suite 1000
Washington, DC 20036

Date: **League ID:** **League:**

Name:

Address:

City:

State:

Zip:

Email Address:

Phone Number:

League Position:

Withdrawal Amount: \$

Project Description and Explanation of Expenses