



Deposit Form

Please remember to thank your donors. Please complete the below form in its entirety and mail to:

League of Women Voters Education Fund
1233 20th St, NW
Suite 500
Washington, DC 20036

Date:

League ID:

League:

Name:

Address:

City:

State:

Zip:

Email Address:

Phone Number:

League Position:

Total Amount Enclosed: \$

of Checks Enclosed:

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

Check #: _____ Amount \$: _____ Check #: _____ Amount \$: _____

