



DONATE FORM

- Print this page and fill out the Donate Information Form.
- Make out your Check to: **LWV of Rockland County**
- Mail your check to:

**LWV Rockland County
P.O. Box 203
Sloatsburg, NY 10974**

Name(s) _____

Address _____

City _____ Zip Code _____

Preferred Phone _____

Email address _____

Enclosed is my Check for 1 Year:

\$25.00 _____

\$50.00 _____

\$100 _____

Other: _____

Amount enclosed \$ _____

Message: (e.g. Interests, How you discovered the League)
