

Contribution Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Phone (opt) \_\_\_\_\_

Email Address \_\_\_\_\_

I wish my contribution to remain anonymous.

Please write your tax-deductible check to the "*League of Women Voters of Palos Verdes Peninsula*". We are a 501(c)(3) organization.

Comments \_\_\_\_\_

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