



League of Women Voters of LaPorte County

P.O. Box 9234
Michigan City, IN 46361

I wish to help our local League continue to be an educational and informative force for the citizens of LaPorte County.

_____ I pledge to the **General Fund (our greatest need)**. Checks to this fund are payable to “**LWV of LaPorte County**”

OR

_____ I pledge to the **Education Fund** (tax deductible). Checks to this fund **must** be written as: “**LWVIN Educational Fund**”

I will contribute:

\$ _____ monthly \$ _____ every 6 months \$ _____ annually

OR

I am including a one time contribution in the amount of \$ _____

Name(s): _____

Mail to: LWV LaPorte County Treasurer
P.O. Box 9234
Michigan City, IN 46361