



**LEAGUE OF WOMEN VOTERS®  
OF THE PIEDMONT TRIAD**

**Donate to Membership Grant Fund**

Date \_\_\_\_\_

\_\_\_\_ \$53 regular membership grant

\_\_\_\_ \$24 student membership grant

Amount enclosed \$ \_\_\_\_\_

*Dues are not tax deductible. Please write your check to: The League of Women Voters of the Piedmont Triad.*

Name of Sponsoring Member \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_

**Comments?**

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Print and complete this form, and mail it to: The League of Women Voters of the Piedmont Triad, PO Box 9721, Greensboro, NC 27429.