

A Gift of Membership
for a special person in your life

A daughter, son or spouse, a friend, a colleague at work, a friend or colleague who is about to retire, or who is newly retired

Name(s): _____

Address: _____

Telephone: _____ **E-Mail:** _____

Do you have an idea what the recipient might like to do in the League? Please help us to match the person above with one or more aspects of the League that he or she might enjoy:

Individual Membership: \$50.00 _____ Household Membership: \$25.00 (In addition to your own Individual Membership) _____ Student: _____

I am enclosing a check payable to the LWVNCC _____

Or, please bill my Visa or Master Card or Discover Card _____

ACCOUNT # _____

EXPIRATION DATE OF CARD _____

(Membership fees not tax deductible)

SIGNATURE _____

DATE _____

Mail to: LWV of New Castle County
2400 W. 17th St.
Clash Wing, Room 1, Lower Level
Wilmington, DE 19806-1311