



League of Women Voters of Ohio/Education Fund

PUBLICATION ORDER FORM

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Organization \_\_\_\_\_

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Are you a member of LWVO? Yes No Please send membership materials

From whom/where did you find out about the League publication? \_\_\_\_\_

Pay by: Send invoice Check enclosed (payable to LWVO) Credit Card

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Expiration date \_\_\_\_\_ Security code (3-digit number on back) \_\_\_\_\_

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Welcome to the League Handbook	\$ .50		
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**\*ALL SALES ARE FINAL\***

**Submit Order Form To:**

**LWVO**

**17 South High Street, Suite 650**

**Columbus, Ohio 43215**

**Fax: (614) 469-7918**

**Email: [lwvoinfo@lwvohio.org](mailto:lwvoinfo@lwvohio.org)**

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