

# 2017 VOTERS GUIDE

## PART I – FACTS FOR VOTERS Voting Requirements/Primary Information Absentee Voting Information Registration Information

*Local League Order Form-2017 Voters Guide*

**VOTER GUIDES ORDER FORM  
\$150 PER 1,000 BROCHURES ORDERED  
OR \$15 PER 100**

QUANTITY ORDERED

PART I \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**OR**

**AMOUNT REQUESTED FROM EF ACCOUNT**

If paying with Grants Management (EF) account,  
cost is \$14 per 100 or \$140 per 1,000 (no tax).

(EF Withdrawal form attached) \_\_\_\_\_

**PAYMENT MUST BE INCLUDED  
WITH ORDER**

**MAIL GUIDES TO:**

NAME: \_\_\_\_\_

LWV: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**VOTER GUIDES ORDER FORM  
For Leagues Participating in the Organ  
Donation Project**

QUANTITY ORDERED

PART I: 300 \$ **FREE**

Additional copies: \_\_\_\_\_ \$ \_\_\_\_\_  
\$7.50 per 100

TOTAL \$ \_\_\_\_\_

**OR**

**AMOUNT REQUESTED FROM EF ACCOUNT**

If paying with Grants Management (EF) account,  
cost is \$7 per 100 or \$70 per 1,000 (no tax).

(EF Withdrawal form attached) \_\_\_\_\_

**PAYMENT MUST BE INCLUDED  
WITH ORDER**

**MAIL GUIDES TO:**

NAME: \_\_\_\_\_

LWV: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PLEASE RETURN FORM TO THE  
STATE LEAGUE OFFICE WITH PAYMENT  
LWVNYS, 62 Grand St, Albany, NY 12207 FAX 518-465-0812