



**LWVMI State (MAL) Unit Education Fund Withdrawal Form**

Please complete this form and convey via email to [office@lwvmi.org](mailto:office@lwvmi.org) or send a paper copy to:

LWVMI Education Fund  
600 W. Saint Joseph Street, Suite 3G  
Lansing, MI 48933-2288

Please cc the LWVMI VP for Membership and retain a copy for your records.

Date \_\_\_\_\_

State (MAL) Unit \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Position in State (MAL) Unit \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

**Describe the educational use of the requested funds and list expenses:**

State Unit Contact Person's Signature \_\_\_\_\_

Request approved \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ or denied \_\_\_\_\_.

State Unit Amount in LWVMI Education Fund prior to request: \$ \_\_\_\_\_

State Unit Amount in LWVMI Education Fund after withdrawal: \$ \_\_\_\_\_

LWVMI Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

LWVMI Official's Title \_\_\_\_\_