

VOTER PLEDGE FORM

This form is patterned after the New York Statewide Systems Advocacy Network (SSAN) 's "Voter Pledge Form".

Please fill this form out completely and submit it to the Southwestern Independent Living Center. Contact Jim Wertz if you have questions.

blindman@sitemouse.net, or by phone @ 716-661-3016

Project Vote is asking all people with disabilities to "pledge" their support to Project Vote. Please sign the form below and pledge to register to vote at your current residence address, get educated about the candidates and show up at the polls on Election Day. After we receive this form, Project Vote will mail you voter education materials periodically that will include information informing you of voting polls in your district, voting contacts in your area and information on candidates in your area.

As a registered voter with a disability, I pledge to:

Vote in all elections

Encourage others to register and vote

Educate others and myself about issues important to people with disabilities

Contact Information

Name: _____

Address: _____

City: _____

County: _____

Email: _____

Phone Number: _____

I agree to be a part of a statewide voter database. Voter education materials will be sent to me periodically.

The contents of the list will not be shared nor sold to a third party.

YES _____ NO _____