I WILL VOTE

First Name	Last Name	Address	
			REMIND ME ABOUT DEADLINES:
City	Zipcode	Cell Phone #	YES NO
First Name	Last Name	Address	
			REMIND ME ABOUT DEADLINES: O YES O NO
City	Zipcode	Cell Phone #	
First Name	Last Name	Address	
			REMIND ME ABOUT DEADLINES:
Cit	7.		YES NO
City	Zipcode	Cell Phone #	