

YES on M

Yes, I endorse Measure M!
Please share my support with the public.

PLEASE PRINT CLEARLY

Signature: _____

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ Phone: (Cell) _____

Fax: _____ E-MAIL: _____

Shall your organization affiliation be listed "for identification purposes only" on our website and campaign materials?