

THE STATE OF _____ TAXPAYER PROTECTION PLEDGE

I, _____, PLEDGE TO THE TAXPAYERS
OF THE _____ DISTRICT OF THE
(number) (house or senate)
STATE OF _____ AND ALL THE PEOPLE OF THIS STATE,
THAT I WILL OPPOSE AND VOTE AGAINST
ANY AND ALL EFFORTS TO INCREASE TAXES.

SIGNATURE

WITNESS

PLEASE SIGN AND RETURN TO:
AMERICANS FOR TAX REFORM
1920 L STREET, NW, SUITE 200
WASHINGTON, DC 20036

DATE

WITNESS

PLEASE SIGN THE ABOVE PLEDGE AND FAX IT BACK TO ATR AT 202-785-0261

IF YOU ARE INTERESTED IN RECEIVING ADDITIONAL INFORMATION ON TAX AND BUDGET ISSUES FROM AMERICANS FOR TAX REFORM, PLEASE PROVIDE YOUR EMAIL ADDRESS BELOW:

EMAIL:

_____ @ _____