



**ADVOCACY ALLIANCE
CENTER OF TEXAS**

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This Card Belongs To:

Name: _____

Address: _____

Cell Phone: _____

E-mail: _____

I, _____ pledge
(Name)
to vote in the upcoming
election because
I care about:

Entity: _____

Jobs

Healthcare

Education

Veterans

Economy

Immigration



Disclaimer: All information given will be used for the purposes of The Advocacy Alliance Center of Texas' GOTV efforts. Any information submitted will be kept confidential and will not be sold or distributed to any 3rd party.

My Family and Friends pledge to AACT NOW and VOTE

Name: _____ Address: _____

Cell Phone: _____ E-mail: _____

D.O.B.: _____ Date: _____

Name: _____ Address: _____

Cell Phone: _____ E-mail: _____

D.O.B.: _____ Date: _____

Name: _____ Address: _____

Cell Phone: _____ E-mail: _____

D.O.B.: _____ Date: _____

Name: _____ Address: _____

Cell Phone: _____ E-mail: _____

D.O.B.: _____ Date: _____

Name: _____ Address: _____

Cell Phone: _____ E-mail: _____

D.O.B.: _____ Date: _____

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