



SUPPORTER FORM

- Yes, I support Proposition 20 and you may use my name publicly.**
- Yes, I also want to help by:** Making a donation (see reverse side)
- Participating in earned media activities Hosting an event
- Encouraging others to endorse Appearing in advertising (print, electronic, quotes)

Full Name _____

Title _____ Organization _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____



Ad paid for by Yes on 20 – Keep California Safe, a Project of the
California Public Safety Partnership Issues Committee
Committee major funding from
San Bernardino County Sheriff's Employees' Benefit Association
Funding details at www.fppc.ca.gov