AGAINSTCUTS.ORG Contact Sheet

Name ______________________________________

Phone (__|__|__) |__|__|__| – |__|__|__|__|

Email |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|@_________________________

School (or workplace) ___________________________________

Position at School (Student, Teacher, Staff – please specify) ____

City (you live in) ___________________________________

Willing to be Contacted for Outreach in Your City?
YES NO

Name ______________________________________

Phone (__|__|__) |__|__|__| – |__|__|__|__|

Email |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|@_________________________

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Email |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|@_________________________

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