



Please complete the following form and mail to Tim Rollins, **120 W. State Street, #400, Rockford, IL 61101**, or fax it to **815-968-0019**. Thank you for your support.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Note: \_\_\_\_\_

Yes, I support Tim Rollins, and I am willing to:

- |   |   |
|---|---|
| <input type="checkbox"/> Permit the campaign to use my name | <input type="checkbox"/> Send letters to my friends |
| <input type="checkbox"/> Put a sign in my yard              | <input type="checkbox"/> Walk door to door          |
| <input type="checkbox"/> Make phone calls                   | <input type="checkbox"/> Host an event at my home   |
| <input type="checkbox"/> Stuff envelopes                    | <input type="checkbox"/> Put up yard signs          |
| <input type="checkbox"/> Work at events                     | <input type="checkbox"/> Make a donation of \$_____ |
| <input type="checkbox"/> Raise money for the campaign       | <input type="checkbox"/> Other: _____               |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_