

## Faith Promise

NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE/TEXT: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ SENATE DISTRICT (if known): \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_  
CHURCH OR CIVICS ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How much would you be willing to pledge to help with costs of printing, circulating, and advertising?  
\_\_\_ \$1 \_\_\_ \$20 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$500 \_\_\_ \$1,000 or more \$ \_\_\_\_\_

Ways to Give: [gotaheart.org](http://gotaheart.org)

Mail Check to: Colorado Life Initiative PO Box 3 Brush, CO 80723

*Paid For by Colorado Life Initiative. Registered Agent Angela Eicher.*

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