

Fulfill the Promise
Volunteer Enrollment

Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

I am interested in becoming a volunteer to help ***Fulfill the Promise***. I am willing to help in the following ways:

_____ Meeting with my state Representative and Senator

_____ Setting up a group meeting with other interested persons and state Representatives and Senators in our area

_____ Writing or emailing my state Representative and Senator

_____ Calling my state Representative and Senator

_____ Sending a postcard (to be provided) to my state Representative and Senator

_____ Talking to other persons with developmental disabilities or their families to ask them to volunteer for the ***Fulfill the Promise*** campaign

Other: _____

Other: _____

Thank you.

If the enclosed addressed envelope is lost, please return to:

Council on Developmental Disabilities
Parkway Towers, Suite 130
404 James Robertson Parkway

Nashville, Tennessee 37243-0228