

*Mayor*

# Taxpayer Protection Pledge

I, \_\_\_\_\_, pledge to the taxpayers of the city of \_\_\_\_\_

that I will oppose and veto any  
and all efforts to increase taxes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Signed Pledges may be scanned and e-mailed to [pledges@atr.org](mailto:pledges@atr.org),

**OR faxed to:**

AMERICANS FOR TAX REFORM  
PHONE (202) 785-0266 FAX (202) 785-0261  
722 12th Street NW, Washington, DC 20005