

Municipality

Taxpayer Protection Pledge

I, _____, pledge to the taxpayers of the municipality of _____

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

Signature

Date

Witness

Witness

Signed Pledges may be scanned and e-mailed to 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