PLEASE PRINT CLEARLY

Ontario Health Coalition Leafletting Sign Up Sheet

Name	Street Address & apt #	City/Town	Postal Code	Phone (with area code)	Email	Keep in touch & send me updates (check mark or x if yes – leave blank if no)	Put a lawn sign on my lawn (check mark or x if yes – leave blank if no)	May 30 rally (check mark or x if yes – leave blank if no)
Eg. Natalie Mehra	55 Mount Pleasant Ave. Apt. 55	Summerville, Ontario	L2P 4V6	(647) 222-2222	myemail@gmail.com	x		x