RVP Contact List Brainstorm

Volunteer Name:	Email:	Phone Number:

After completing your conversations, please take a picture of the list and send to vote@ppfa.org for us to evaluate the effectiveness of the program & credit you for your work! First Name Last Name **City of Residence** State **Phone Number** Contacted 1. 2. **3.** 4. 5. 6. 7. 8. 9. 10.

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