



# Pledge Card

Date: \_\_\_\_\_

I pledge to vote in the upcoming election.

Are you currently a registered voter? Yes No

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

I would like to be added to RICV mailing list.

Preferred method of contact:

\_\_\_\_\_ Email \_\_\_\_\_ Mail

I would like information about volunteer opportunities at RICV.

X \_\_\_\_\_



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Demographic Information  
(Please **circle one** from each category)

**Gender**

Male                      Female  
Transgender              Other

**Age Group**

18 to 34                      35 to 54  
55 to 64                      64 and up

**Ethnic Group**

Caucasian                      Latino  
African American              Asian  
Pacific Islander              Other

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African American              Asian  
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