



AMERICANS FOR TAX REFORM

Taxpayer Protection Pledge

I, _____, pledge to the taxpayers of the _____ district
of the state of _____, and to the people of this state that I will
oppose and vote against any and all efforts to increase taxes.

Signature

Date

Witness

Witness

Pledges must be signed, dated, witnessed and returned to:
AMERICANS FOR TAX REFORM
1920 L STREET NW, SUITE 200, WASHINGTON, DC 20036
PHONE (202) 785-0266 FAX (202) 785-0261