

**CHUCK McILHINNEY FOR STATE SENATE
VOLUNTEER SUBMISSION FORM**

To volunteer for Chuck McIlhinney's campaign, complete this form and mail it to:

**Friends of Chuck McIlhinney
ATTN: Volunteer Coordinator
P.O. Box 2014
Doylestown, PA 18901**

Name: (required) _____
Street Address: (required) _____
City: (required) _____
State: (required) _____ Zip Code: (required) _____

NOTE: The following information is not required, but will help us contact you quickly!

Home Phone: _____
Work Phone: _____
Mobile Phone: _____
Fax Number: _____
E-mail: _____

Best way to contact you: (select one only)

<input type="checkbox"/> Home Phone	<input type="checkbox"/> Fax
<input type="checkbox"/> Work Phone	<input type="checkbox"/> E-mail
<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> USPS Mail

When available: (check all that apply)

<input type="checkbox"/> Days
<input type="checkbox"/> Nights
<input type="checkbox"/> Weekends

Type of volunteer work: (check all that apply)

<input type="checkbox"/> Campaign Signs	<input type="checkbox"/> Voter Registration
<input type="checkbox"/> Mailings	<input type="checkbox"/> Polls
<input type="checkbox"/> Phone Center	<input type="checkbox"/> Fundraisers

Paid for and authorized by

Friends of Chuck McIlhinney
P.O. Box 2014
Doylestown, PA 18901
<http://www.mcilhinney.com>