

SANCTUARIES FOR LIFE PETITION FORM

YOUR NAME: _____
(Please Print name as it Appears on Your Voter Information Card)

YOUR RESIDENTIAL STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

VOTER REGISTRATION NUMBER: _____ OR DATE OF BIRTH: ____/____/____

Sanctuaries for Life Petition Form

FULL TEXT:

I support designating the city, county, state, and nation I live in as sanctuaries for life where the God-given right to life of every human being at any stage of development shall be recognized and protected.

Date of Signature X _____
Signature of Registered Voter

Paid political advertisement paid for and sponsored by: **Personhood Florida PAC**

PO Box 493000, Leesburg, FL 34749

Return Signed Petitions to this address.

E-Mail Address: _____

SANCTUARIES FOR LIFE PETITION FORM

YOUR NAME: _____
(Please Print name as it Appears on Your Voter Information Card)

YOUR RESIDENTIAL STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

VOTER REGISTRATION NUMBER: _____ OR DATE OF BIRTH: ____/____/____

Sanctuaries for Life Petition Form

FULL TEXT:

I support designating the city, county, state, and nation I live in as sanctuaries for life where the God-given right to life of every human being at any stage of development shall be recognized and protected.

Date of Signature X _____
Signature of Registered Voter

Paid political advertisement paid for and sponsored by: **Personhood Florida PAC**

PO Box 493000, Leesburg, FL 34749

Return Signed Petitions to this address.

E-Mail Address: _____