



VOTER REGISTRATION MATERIAL REQUEST FORM

Name: _____

School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Please send me _____ packs of **English** voter registration application forms (100/pack).
(number)

Please send me _____ packs of **Spanish** voter registration application forms (100/pack).
(number)

Please send me _____ **Pledge to Vote** cards.
(number)

Other _____

Comments: _____

Please return this form to:

ra-voterreg@pa.gov

**Bureau of Elections and Notaries
210 North Office Building
Harrisburg, PA 17120
1-877-VOTESPA (1-877-868-3772)
717-787-5280**