



## **ENDORSEMENT FORM**

**I Want to Endorse Donald E. Williamson!  
Together we can "Move Forward"!**

Please complete the information below to indicate your support.

Note that this form is only for individual endorsements. If your organization wishes to endorse Donald E. Williamson for State Assembly - 59<sup>th</sup> District, please contact our campaign office for more information.

Title: \_\_\_\_\_  
\*First Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
\*E-Mail Address: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Items marked with an \* are required

Thank you for endorsing Donald E. Williamson.