



NEW YORK **FAMILY LEAVE INSURANCE CAMPAIGN**

Working Together for New York's Working Families

P. O. Box 1698 Old Chelsea Station
New York, NY 10113

Yes! _____ **agrees to sign on to the NY Family Leave Insurance Campaign**
(Name of Organization)

Contact: _____ Email: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

Mailing Address _____

City, State, Zip _____

The _____ *grants permission to the NY Family Leave Insurance Campaign to list our*
Name of Organization
name on letterhead, brochures, fact sheets, and other literature used for education and promotion purposes.

Contact signature: _____

Does Your Organization Have An Albany Lobbyist? Yes _____ No _____

My organization also agrees to support the Coalition by:

- ___ Setting up a meeting for my members
- ___ Making phone calls to my State legislators
- ___ Setting up a community meeting
- ___ Writing letters to my State legislators
- ___ Putting material in my newsletter/website
- ___ Working with my constituents to set-up in-district meetings with State legislators
- ___ Compiling stories of family leave difficulties from my community

Please fax this form to: 646-843-4710 or e-mail it to info@timetocareny.org

Thank you.