

WORKING TOGETHER FOR NY'S WORKING FAMILIES!



TELL US YOUR STORY!

TELL US WHAT YOU HAVE DONE WHEN IT WAS URGENTLY IMPORTANT FOR YOU TO CARE FOR A NEW BABY OR A FAMILY MEMBER—AND GETTING TIME OFF FROM WORK SEEMED IMPOSSIBLE.

Examples:

- *“After my 83 year old Mom broke her hip it was either me at home or the nursing home...”*
- *“It tears me apart to leave my 8 week old daughter with a stranger all day...”*
- *“My 10 year old son can't take himself for dialysis...”*
- *“My wife needs someone to be with her during chemotherapy...”*
- *“My father was dying from leukemia; I wanted to be there with him for those final weeks ...”*

PLEASE PRINT YOUR STORY IN THIS SPACE

I grant the NY Paid Family Leave Campaign permission to share my story on the campaign website.

SIGNATURE

NAME (Please Print)

PHONE

EMAIL

RETURN THIS FORM VIA FAX: 646-843-4710 OR VIA EMAIL: INFO@TIMETOCARENY.ORG

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