

RVP Contact List Brainstorm

Volunteer Name:

Email:

Phone Number:

After completing your conversations, please take a picture of the list and send to vote@ppfa.org for us to evaluate the effectiveness of the program & credit you for your work!

First Name	Last Name	City of Residence	State	Phone Number	Contacted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					