

2008 PRESIDENTIAL CANDIDATES

The road to the 2008 election has begun and soon we will have new leadership in office. The time is now to tell the candidates that breast cancer issues don't just matter to us but that we vote on these issues.

This year alone more than 250,000 women will be diagnosed with breast cancer and nearly 40,000 women will die from this disease. Women have a one in eight lifetime risk of being diagnosed with breast cancer. We still do not know what causes breast cancer, how to prevent it, or how to treat it effectively. We intend to change this and we will with your help.

It's time to end breast cancer. Sign the Pledge.

In the 2008 primary, caucus and general elections, I pledge to vote to eradicate breast cancer.

<p>Name _____ Signature _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Email (Optional) _____</p> <p>Add your personal message here:</p>	<p>I care because I am a:</p> <p><input type="checkbox"/> Survivor</p> <p><input type="checkbox"/> Spouse or Partner</p> <p><input type="checkbox"/> Daughter, Son</p> <p><input type="checkbox"/> Parent, Grandparent</p> <p><input type="checkbox"/> Sister, Brother</p> <p><input type="checkbox"/> Friend of someone who has been affected by this disease</p> <p><input type="checkbox"/> Person concerned about this epidemic</p>
<p>Name _____ Signature _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Email (Optional) _____</p> <p>Add your personal message here:</p>	<p>I care because I am a:</p> <p><input type="checkbox"/> Survivor</p> <p><input type="checkbox"/> Spouse or Partner</p> <p><input type="checkbox"/> Daughter, Son</p> <p><input type="checkbox"/> Parent, Grandparent</p> <p><input type="checkbox"/> Sister, Brother</p> <p><input type="checkbox"/> Friend of someone who has been affected by this disease</p> <p><input type="checkbox"/> Person concerned about this epidemic</p>

2008 PRESIDENTIAL CANDIDATES

<p><u>Name</u> _____ <u>Signature</u> _____</p> <p><u>Street</u> _____</p> <p><u>City</u> _____ <u>State</u> _____ <u>Zip</u> _____</p> <p><u>Email (Optional)</u> _____</p> <p>Add your personal message here:</p>	<p>I care because I am a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Survivor <input type="checkbox"/> Spouse or Partner <input type="checkbox"/> Daughter, Son <input type="checkbox"/> Parent, Grandparent <input type="checkbox"/> Sister, Brother <input type="checkbox"/> Friend of someone who has been affected by this disease <input type="checkbox"/> Person concerned about this epidemic
<p><u>Name</u> _____ <u>Signature</u> _____</p> <p><u>Street</u> _____</p> <p><u>City</u> _____ <u>State</u> _____ <u>Zip</u> _____</p> <p><u>Email (Optional)</u> _____</p> <p>Add your personal message here:</p>	<p>I care because I am a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Survivor <input type="checkbox"/> Spouse or Partner <input type="checkbox"/> Daughter, Son <input type="checkbox"/> Parent, Grandparent <input type="checkbox"/> Sister, Brother <input type="checkbox"/> Friend of someone who has been affected by this disease <input type="checkbox"/> Person concerned about this epidemic
<p><u>Name</u> _____ <u>Signature</u> _____</p> <p><u>Street</u> _____</p> <p><u>City</u> _____ <u>State</u> _____ <u>Zip</u> _____</p> <p><u>Email (Optional)</u> _____</p> <p>Add your personal message here:</p>	<p>I care because I am a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Survivor <input type="checkbox"/> Spouse or Partner <input type="checkbox"/> Daughter, Son <input type="checkbox"/> Parent, Grandparent <input type="checkbox"/> Sister, Brother <input type="checkbox"/> Friend of someone who has been affected by this disease <input type="checkbox"/> Person concerned about this epidemic