

## Safe Roads YES BUMPER STICKER ORDER FORM

| Full Name:                                  |        |           |
|---|--------|-----------|
| Email:                                      |        |           |
| Phone Number:                               |        |           |
| Company:                                    |        |           |
| Mailing Address:                            |        |           |
| City:                                       | State: | Zip Code: |
| # of Proposal 1 Bumper Stickers Requested:  |        |           |
| Please return this form to Mariam Robinson, |        |           |

Please return this form to Mariam Robinson, Outreach Coordinator, so your order can be processed as soon as possible. Thank you!

Fax your form to MITA at 517-347-8344 or email your form to mariamrobinson@mi-ita.com.