

THE STATE OF MONTANA

Taxpayer Protection Pledge

I, _____, pledge to the taxpayers of the _____ District of the State of MONTANA and all the people of this state, that I will oppose and vote against any and all efforts to increase taxes.

Signature

Date

Witness

Witness

Fax pledge to (866) 340-6464. Or mail pledge to: Montanans for Tax Reform, P.O. Box 787, Bozeman, MT 59771-0787