

Term Limits Convention Pledge



I, _____, pledge that as a member of the state legislature I will support and vote for the resolution applying for an Article V convention for the limited purpose of enacting term limits on Congress.

(Signature, Date)

(Witness Signature)

(Name Printed)

(Witness Name Printed)

U.S. Term Limits/ 1250 Connecticut Ave NW, Suite 200/ Washington, D.C. 20036
Phone: 202-261-3532 Pledges may be emailed to press@termlimits.com