2011 Missouri Recovery Network Advocacy Day

LEGISLATIVE CONTACT FORM

Missouri Recovery Network

ACT Missouri

www.actmissouri.org

Your name:_____

Organization: _____

Name of Legislator Visited:_____

Form of Contact: (circle all that apply) Phone Email Mail In person

Evaluate the contact: (circle one) Not receptive Listened, but disinterested

Interested Very interested

Issues that were discussed:

_____

_____

_____

_____

List any specific follow-up information that needs to be sent to the legislator:

_____

_____

_____

_____

Did you find the day beneficial? (circle one) Yes No

Will you participate in future Advocacy Day events? (circle one) Yes No

Use the back of this form for any further comments.

Please return completed form for EACH legislative visit. Get more forms at www.morecovery.org

FAX:
573.635.7257

EMAIL:
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IN PERSON:
Hand it to any ACT Missouri staff member today.

MAIL:
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