

PIMA COUNTY GOVERNMENT
EMPLOYEES CARE ABOUT PIMA COUNTY (ECAP) PROGRAM
PETITION FORM

We, the undersigned employees of Pima County, wish to include (Agency Name).
 _____ in the Employees Care About Pima
 County (ECAP) campaign. The purpose of the agency or organization is _____
 _____ .

The petition form is sponsored by (Employee name): _____ .

NAME (SIGNATURE)	PRINT LAST NAME	DEPARTMENT
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