



1-844-DIS-VOTE
www.disabilityvote.org

Join Us: National Disability Voter Registration Week

National Disability Voter Registration Week is July 15 – 19, 2019. This nonpartisan effort has the goal of increasing the participation of people with disabilities in the electoral process including registering to vote, casting a vote, and accessing polling places.

The Wisconsin Disability Voter Coalition invites you to join with us to help make the disability vote count! Here are some opportunities:

1. **Join us Monday July 15th at 9:30 AM at Independence First, 540 S. 1st to celebrate National Disability Voter Registration Week.** Hear from Mayor Barrett, Milwaukee Election Commission Chair Neil Albrecht, and disability advocates. Try out an accessible voting machine, see our new video on Voter Registration, and register to vote – or get your voting questions answered!
2. **Co-sponsor the July 15th Milwaukee event.** It's easy to be an agency co-sponsor – you agree to promote the event and help turn-out folks to attend and to register to vote. Complete the co-sponsorship form and return to barbara.beckert@drwi.org. Co-sponsors will be listed on event materials.
3. **Host a voter registration event at your agency.** The League of Women Voters of Milwaukee County has trained volunteers who can assist. Fill out the form, and a volunteer from the League will contact you.
4. **Arrange a training for you and your colleagues to be trained on how to register voters.** League of Women voters is working to grow capacity of non-profits to register voters.



National Disability Voter Registration Week Response Form

Yes, please include me in the following for National Disability Voter Registration Week:

Check all that apply:

- Add me to the Disability Vote Coalition email list
 - Add my organization as a co-sponsor of the July 15th Disability Voter Registration Week event at IndependenceFirst. We will promote the event and attend.
 - I want to host a Voter Registration event at my agency.
 - I am interested in scheduling a training on voter registration for my agency staff
- Return the completed form to barbara.beckert@drwi.org*

Name: _____

Agency Name: _____

Mailing address: _____

Email: _____ Phone: _____

Agency website: _____

Comments or questions: