

INJUSTICE ANYWHERE

Screening Location:

Please print.

Name: _____

First

Last

Phone #: (_____) _____ __ home __ cell __ office

Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP CODE: _____

Organization(s) I belong to: _____

I want to learn more about (list organization or issue):

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#InjusticeAnywhereTheFilm
How will YOU contribute?



#InjusticeAnywhereTheFilm
How will YOU contribute?



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How will YOU contribute?



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How will YOU contribute?

