

Congressman André Carson

INDIANA'S 7TH CONGRESSIONAL DISTRICT CONGRESSIONAL GREETING REQUEST FORM

Requestor's Informa	tion:			
Name:				
Organization and Titl	le (if applicable):			
Address:		City/State/Zip:		
Email:		Phone:		
Date Greeting Neede (office policy requires tw			Date of Event:	
Name of individual/o	organization/event rece	iving the greetin	g:	
Presentation Method Read Aloud Provide background	Printed in Booklet		Other, please specify:	
List additional inforn	nation about the individ	lual/event/organ	ization to help prepare the greeting:	

Please use the back side of this form or attach additional information if necessary.

Return this form by mail, email or fax to:

Office of Congressman Carson 300 E. Fall Creek Pkwy N. Dr., Suite 300 Indianapolis, IN 46205 greetingrequests@mail.house.gov

Phone: 317-283-6516 Fax: 317-283-6567

Delivery Options (check one):

Pick up greeting at the District Office
Email greeting to requestor
Mail greeting to requestor
Other, please specify: