

Petition Manager _____

Petition to PP of Greater Texas Board of Directors for cancellation of abortion plans for Waco



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| First Name* | E-mail (Needed, unless you do not have one.) | | | | | | | | | | | |
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| Last Name* | Zip Code (needed) | Phone (optional) | | | Mail Address (optional) | | | | | | | |

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| Last Name* | Zip Code (needed) | Phone (optional) | | | Mail Address (optional) | | | | | | | |

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