



NJ ALLIANCE FOR INFORMED CHOICE IN

VACCINATION

Parents and Individuals Concerned About Vaccine Safety and the Right to Informed Consent

P.O. Box 243 Gillette, NJ 07933 www.NJAICV.org Phone: 800/613-9925 or 973/252-5440 Fax: 201/651-1142

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Dear Concerned New Jersey Citizens,

For nine years, the NJ-AICV has been supporting the rights of New Jersey's citizens to exercise informed consent and enabling them to make educated, independent vaccination decisions for themselves and their children.

We have served as a consumer "watchdog" by monitoring vaccine research, development, policymaking and legislation. We have also informed parents about New Jersey state laws and available exemptions.

Listed below are several ways you can help. And if you are knowledgeable in any of those areas please consider volunteering for a committee. Simply fill in and return the bottom half of this letter. NJ-AICV consists solely of volunteers and we need your help and encourage your ideas to continue our effectiveness. We receive no corporate, federal or state grants and survive entirely on donations made by the public. Any donations we receive are greatly appreciated. If you have any questions, please do not hesitate to contact us.

In Good Health,
The Volunteers for
The New Jersey Alliance for Informed Choice In Vaccination

Please check any areas of interest and we will contact you with further information.

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- District Representative/Co-Representative – The District Representative will maintain contact with a Regional Coordinator in order to quickly mobilize people and contact legislators as the need arises. Reps. and Coordinators will have lists of the people in their districts and can contact them when needed.
- Financial Committee – ideally, will include some members with legal or accounting background.
- Fundraising Committee
- Media Committee
- Legislative Research/Action Group - involved with state bills and legislators.
- Membership Committee** – manage new contacts and database.
- Newsletter Committee
- Networking Committee – builds coalitions and develop contacts with other groups.
- Outreach Committee** – Attend events to promote our mission statement.
- I will volunteer my professional services or special talents to the group.
(i.e. lawyer, printer, webmaster etc.) _____
- Please add me to the NJ-AICV e-mail list to receive vaccine information and NJ updates.**
My e-mail address is: _____
- Please update/change my address on your mailing list.
- I will make a donation to the NJ-AICV:** ___ \$10 ___ \$20 ___ \$25 ___ \$50 \$ _____ (other)
Please make checks payable to: NJ-AICV Please note that donations to the NJ-AICV are not tax-deductible.

Name: _____

Street: _____ City: _____ ZIP+4: _____

Telephone (Home): _____ (Office): _____

Fax number: _____ Any comments: _____

- Please remove me from your mailing list NJ-AICV does not share their mailing list.

NJ-AICV, P.O. Box 243, Gillette, NJ 07933 www.NJAICV.org Tel: (800) 613-9925 Fax: (201)651-1142 E-mail: email@NJAICV.org