

# Responsible Budget Coalition

## Sign-on Form

The RESPONSIBLE BUDGET COALITION is committed to building the support needed to solve Illinois' budget crisis, prevent harmful cuts to essential public services, save jobs, eliminate the state's long-term structural deficit, and provide Illinoisans with relief from regressive taxation.

- ✓ We believe Illinois has a moral and legal obligation to protect public safety, safeguard public health, strengthen our economy, and ensure that every individual has the opportunity to thrive.
- ✓ We believe that by threatening or already forcing deep and damaging cuts to education, health care, human services, and public safety, the current Illinois budget both fails to meet those core obligations and undermines our state's chances for economic recovery.
- ✓ We call on every elected official in Illinois to acknowledge that this fiscal crisis, brought on by a long-standing structural budget deficit and an economic downturn, cannot be solved without significant new revenue.
- ✓ We believe the revenue mix contained in HB 174 – a comprehensive tax-reform package passed by the Illinois Senate and approved by a committee of the Illinois House – is the most responsible framework for a solution.
- ✓ We call on legislators to enact this comprehensive tax reform, including a revenue increase at least equal to that proposed in HB 174, as soon as possible.

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### Return This Form

to **Maya Tillman** by e-mail at [tillmanm@actforchildren.org](mailto:tillmanm@actforchildren.org), fax to 773/561-2256 or call 773/697-6137

**Questions: John Bouman** at [johnbouman@povertylaw.org](mailto:johnbouman@povertylaw.org) or call 312/368-2671

### Please check the option that applies:

- Our organization requests to be listed as a *member organization* of the **RESPONSIBLE BUDGET COALITION** and in support of the Coalition's principles, objectives, and activities.
- I request to be listed as an *individual member* of the **RESPONSIBLE BUDGET COALITION** and in support of the Coalition's principles, objectives, and activities.

Name of Organization: \_\_\_\_\_

Describe your organization (check one):

Individual \_\_\_\_ Business \_\_\_\_ Organization \_\_\_\_ Foundation \_\_\_\_ Other (Specify): \_\_\_\_\_

Is your organization (check one): Statewide \_\_\_\_ Local \_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Agency/Org. Web site: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_

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**We can all do better**