(Month) (Day) (Year)

RE: Dentist and Dental Hygienist Compact (Include Bill Number here)

Dear (Representative/Senator) (Last name):

My name is (your first and last name) and I am a (dentist/dental hygienist/advocate/community member) who resides in your district.

(Clearly state why you support the compact.)

(Include a personal story. Tell your representative why the issue is important to you and how it affects you and your community.)

I encourage you to vote in support of the Dentist and Dental Hygienist Compact.

Sincerely,

Your Name

Street address

City, State, Zip code