



1-844-DIS-VOTE  
www.disabilityvote.org

### **About the Disability Vote Coalition**

The Wisconsin Disability Vote Coalition (WDVC) is a non-partisan effort to help ensure full participation in the entire electoral process of voters with disabilities, including registering to vote, casting a vote, and accessing polling places.

### **Disability Vote Coalition Goals**

- Educate the disability community about voting rights and access issues.
- Increase voter turnout among people with disabilities and their allies.
- Let elected officials know that people with disabilities are engaged voters.
- Encourage organizations to conduct local get-out-the-vote drives and outreach.

### **Disability Vote Coalition Leadership**

- The coalition is a project of Disability Rights Wisconsin (DRW) and Wisconsin Board for People with Developmental Disabilities (BPDD). It is staffed by DRW, in partnership with BPDD.
- The Coalition Steering Committee meets monthly, and is forming new subcommittees. Participating organizations include People First, Access to Independence, Wisconsin Council of the Blind and Visually Impaired, Special Olympics of Wisconsin, NAMI Wisconsin, and many more!

**Join Us!** You are invited to become a member of Wisconsin Disability Vote Coalition.

- Sign up on our website at <http://www.disabilityvote.org/> OR
- Email [wendyh@drwi.org](mailto:wendyh@drwi.org) or call DRW at 414-773-4646 to request information

### **Resources**

- Disability Vote Coalition Facebook: <https://www.facebook.com/wisconsin disability vote>
- Disability Vote Coalition Website <http://www.disabilityvote.org/>
- Disability Vote Coalition videos: <http://www.disabilityvote.org/videos>
- Disability Rights Wisconsin Voter Hotline: 844-DIS-VOTE/ 844-347-8683

disabilityrights | WISCONSIN



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Wisconsin Board for People with Developmental Disabilities and Disability Rights Wisconsin*



## Request for Information about the Disability Vote Coalition

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name (optional) \_\_\_\_\_

### Please check all that apply:

- Add me to the Disability Vote Coalition email list
- I am interested in information about scheduling a training about voting rights and accessibility
- I want to request copies of Disability Vote Coalition materials
- I am interested in learning more about serving on a Disability Vote Coalition Subcommittee