

Feedback Form —Take Four Windows of Time

Please return to:
Take Back Your Time
P.O. Box 19862
Seattle, WA 98109-6862



www.timeday.org

PLEASE TELL US HOW YOU TOOK BACK YOUR TIME

After you take your Four Windows of Time, we'd love to hear about your experiences. What did you and your family and friends do? What did you learn from the experience? Will you try to continue this in the months to come?

Please tell us about your experiences. We will compile participants' stories, and create a "National Take Back Your Time Scorecard" of the stories and total hours that people all across America took back through this project. The results will be publicized to the media and our nation's leaders, to show how deeply Americans want more time. So after taking back your time, please tell us:

Here's how we took back our time _____

This is what we learned from the experience _____

Approximate number of hours we took back _____

Other comments? _____

(If necessary, please use back of page.)

OPTIONAL: Your name or initials _____

Address _____

City, state, zip _____

e-mail _____