



## Small Business Endorsement Form

Please add our name to the list of endorsers of the campaign sponsored by Health Care for All Colorado to urge Colorado legislators use a single-payer, universal health care model to provide guaranteed, affordable choice in health care for all Coloradans.

### PLEASE PRINT

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date of Endorsement: \_\_\_\_\_

Please Check All that Apply:

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- Our name may be used in publicity
- We will educate our employees on single-payer in our newsletter
- We can offer HCAC brochures in our work place
- We can offer financial resources
- We can offer printing of literature
- We can provide bulk mailing
- We would like to be on a steering committee to direct coalition efforts
- We will do lobbying of legislators

Please send this form to Health Care for All Colorado

P.O. Box 280767, Lakewood, Colorado 80228

For more information, call 303.277-8306 or email [info@healthcareforallcolorado.org](mailto:info@healthcareforallcolorado.org)

Visit our website at [www.healthcareforallcolorado.org](http://www.healthcareforallcolorado.org)