



## Faith Organization Endorsement Form

Please add the name of our organization 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

Name of organization: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ Other Phone \_\_\_\_\_ - \_\_\_\_\_

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

Name of representative sending endorsement:

\_\_\_\_\_

Position: \_\_\_\_\_

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

Please Check All that Apply:

Our name may be used in publicity

We will educate our members on single-payer in our bulletin

We will urge congregants to volunteer for leafleting, phone-banking and rallies

We can offer financial resources

We can provide bulk mailing

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)