



Local Government Endorsement Form

Please add the name of our council/commission 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 Governing Body: _____

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 constituents on single-payer in our newsletter

We would like to be on a steering committee to direct coalition efforts OR

One of our representatives must be included in a steering committee

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

Visit our website at www.healthcareforallcolorado.org