



## Labor Organization Endorsement Form

Please add the name of our labor 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 labor org: \_\_\_\_\_

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

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

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

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

Name of representative endorsing: \_\_\_\_\_

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 newsletter
- We can supply volunteers for leafletting and rallies
- 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 OR
- One of our representatives must be included in a steering committee
- We can supply members to phone bank
- 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)