



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

Visit our website at www.healthcareforallcolorado.org