



Elected Official Endorsement Form

Please add my 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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ Other Phone _____ - _____

Fax: _____ - _____ Email: _____

Signature: _____

Date of Endorsement: _____

Please Check All that Apply:

My name may be used in publicity

I will educate constituents on single-payer in my newsletter or email communication

I can find volunteers for leafletting and rallies

I can find volunteers to phone bank

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