



## 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](mailto:info@healthcareforallcolorado.org)

Visit our website at [www.healthcareforallcolorado.org](http://www.healthcareforallcolorado.org)