



## Organization Endorsement Form

Please add the name of our 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 organization: \_\_\_\_\_

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 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)