



## Physician / Health Care Professional 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: \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date of Endorsement: \_\_\_\_\_

Please Check All that Apply:

My name may be used in publicity

I will offer HCAC's brochure in my office single-payer

I will testify to legislators

I will speak at single-payer educational presentations

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)