

Local Government Endorsement Form

Please add the name of our Council/Commission to the list of endorsers of the campaign sponsored by Single-Payer Action Network Ohio (SPAN Ohio) to achieve an expanded and improved Medicare for All health care system in Ohio.

PLEASE PRINT

Name of Council,
Commission, etc. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____

Fax: _____ - _____

Email: _____

Name of representative sending endorsement:

Position: _____

Date of Endorsement: _____