

Medicare for All Endorsement Form

Local Government

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

PLEASE PRINT the following information:

Name (Council, Commission, etc.): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____-_____

Fax: _____-_____

E-mail: _____

Counties Served: _____

Signature _____

Name of Representative sending endorsement: _____

Position/Title of Representative: _____

Date _____

Please send your government's logo or seal along with this form to span@spanohio.org.

