

Medicare for All Endorsement Form Physician or Healthcare Professional

Please add my name 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: _____

Professional Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____-_____

Home Phone: _____-_____

E-mail: _____

Counties Served: _____

Signature _____

Date _____

Please send this form to span@spanohio.org.

