

Medicare for All Endorsement Form

Small Business

Please add our 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:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____-_____

Home Phone: _____-_____

E-mail: _____

Counties Served: _____

Signature _____

Title (If signing on behalf of an organization) _____

Date _____

Please send your business logo along with this form to span@spanohio.org.

