

Medicare for All Endorsement Form

Social Justice Advocate or Organization

Please add my / 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:

Name (Organization or Individual): _____

Affiliation (If individual) _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____-_____

Home Phone: _____-_____

E-mail: _____

Counties Served: _____

Signature _____

Title (If signing on behalf of an organization) _____

Date _____

If applicable, please send your organization logo along with this form to span@spanohio.org.

