

## Labor Organization Endorsement Form

Please add the name of our labor organization to the list of endorsers of the campaign sponsored by the Single-Payer Action Network Ohio (SPAN Ohio) to put the Health Care For All Ohioans Act on the Ohio ballot through an initiative petition.

### PLEASE PRINT

Name of labor org.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Name of representative sending endorsement:

\_\_\_\_\_

Position: \_\_\_\_\_

Date of Endorsement: \_\_\_\_\_

Please send this form to Single-Payer Action Network Ohio (SPAN Ohio)

3227 West 25 St., Cleveland, Ohio 44109

For more information, call 216-736-4766 or e-mail [span@spanohio.org](mailto:span@spanohio.org)

Visit our website at [www.spanohio.org](http://www.spanohio.org)