

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 SPANHealthCare@aol.com

Visit our website at www.spanohio.org