

## Local Government Endorsement Form

Please add the name of our Council/Commission to the list of endorsers of the campaign sponsored by Single-Payer Action Network Ohio (SPAN Ohio) to achieve an expanded and improved Medicare for All type health care system in Ohio.

### PLEASE PRINT

Name of Council,  
Commission, etc. \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ - \_\_\_\_\_

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

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

Name of representative sending endorsement:

\_\_\_\_\_

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

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

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

PO Box 852, Kent, OH 44240-0017

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)