

Physician / Health Care Professional Endorsement Form

Please add my name 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: _____

Professional Title _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ - _____

Home Phone: _____ - _____

E-mail: _____

Signature _____

Date _____

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