

## Social Justice Advocate / Organization Endorsement Form

Please add my / our name 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: \_\_\_\_\_  
(Organization or Individual)

Affiliation (If individual) \_\_\_\_\_

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

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

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

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

E-mail: \_\_\_\_\_

Signature \_\_\_\_\_

Title (If signing on behalf of an organization) \_\_\_\_\_

Date \_\_\_\_\_

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)