Walk for Health Care
SPAN Ohio

The proceeds of this Walk will benefit Single Payer Action Network (SPAN) Ohio, a 501(c)4 organization. Your donation is to sponsor my participation only and is not based on miles walked. Your name and address are required by IRS Regulations. Donations are not tax deductible.

Our Mission: The mission of Single Payer Action Network Ohio (SPAN Ohio) is to educate the citizens and legislators of Ohio to the need and advocate for a fundamental change in our health care system so that all residents have affordable access to health care through a publicaly funded, privately delivered comprehensive system that fulfills the basic human right to health care.

Walker’s Name___________________________________ Date of Walk__________________________________________

Location of Walk____________________________________________________________________________

Please Print

Sponsor Name ______________________________________ Address___________________________________________________________
City _____________________________ State ______ Zip __________________  Cash □ Check □ Amount $__________________________

Sponsor Name ______________________________________ Address___________________________________________________________
City _____________________________ State ______ Zip __________________  Cash □ Check □ Amount $__________________________

Sponsor Name ______________________________________ Address___________________________________________________________
City _____________________________ State ______ Zip __________________  Cash □ Check □ Amount $__________________________

Sponsor Name ______________________________________ Address___________________________________________________________
City _____________________________ State ______ Zip __________________  Cash □ Check □ Amount $__________________________

Sponsor Name ______________________________________ Address___________________________________________________________
City _____________________________ State ______ Zip __________________  Cash □ Check □ Amount $__________________________
Mail form and amount collected to:
SPAN Ohio
c/o Barbara Walden, Treasurer
31100 Cedar Rd
Pepper Pike, OH 44124