

Physician / Health Care Professional Endorsement Form

Please add my 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: _____

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)
PO Box 852, Kent, OH 44240-0017
For more information, call 216-736-4766 or e-mail span@spanohio.org
Visit our website at www.spanohio.org