Health Care for ALL Oregon

I want to join the movement to win Health Care for ALL Oregon. I believe every person in Oregon should have equal access to comprehensive, equitable, affordable, publicly funded, high-quality healthcare. **Everybody in, nobody out!**

Event: _____

Location: _____

STATEMENT OF SUPPORT (PLEASE PRINT)

First Name	Last Name	Street Address, City, State and Zip Code	Preferred phone #	Preferred email	Date Signed	Requesting information	Volunteer interest

These statements will be used to show Oregon legislators and officials the growing public support for health care for all Oregonians. They will also be used to help grow our movement. By signing, you approve of HCAO coalition member organizations using your name and contact information for these purposes. (A list of our coalition members is available on our website at http://hcao.org/members/)

Revised 22 May 2014 LAA