



YES! I want to join the movement to bring comprehensive healthcare to everyone in Oregon. I believe that every person in Oregon should have equal access to equitable, affordable, comprehensive, publicly funded, high-quality healthcare. Improved Medicare for ALL. Everybody In! Nobody Out!!

Event: _____

Location: _____

Date: _____

STATEMENT OF SUPPORT (PLEASE PRINT)

Name (please print)	Street Address, City, State and Zip Code	Preferred phone #	Preferred email	Date	Want Information	Volunteer interest

These statements will be used to show Oregon legislators, officials, and our partner organizations the growing public support for a comprehensive healthcare solution that will benefit all Oregonians. They will also be used to grow our movement. By signing this statement, you will be added to HCAO's mailing list. This entitles you to receive HCAO's organizational newsletter and other communications. Infrequently, HCAO shares or trades its list with compatible organizations and projects when sharing or trading advances HCAO's mission. HCAO will NOT sell your name and contact information for any purpose nor does HCAO share its list with others for any donation solicitation purpose.