



Affordable, Accessible, Quality Health Care for ALL

TAKE ACTION NOW

Name: _____

Organizational affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Work: (____) _____ Home: (____) _____ Fax: (____) _____

Email: _____ Congressional District: _____

YES! I will continue to be OUT IN FRONT FOR HEALTH CARE JUSTICE by:

- Share material and spread the word in my: (circle all that apply)**

Neighborhood Congregation Workplace School

Other _____

- I will get the following organizations involved in this effort:**

1. _____

2. _____

- I will get the following businesses involved in this effort:**

1. _____

2. _____

- Sharing my health care story.**

- Complete a faith sign-on letter and circulate them within my faith organization.**

- Being part of CBHC's my congressional rapid response team through: (circle all that apply)**

Call campaigns to my legislators Writing or signing drafted letters to the editor

- Become a member and support this local effort through a financial gift:**

\$40 \$60 \$120 Other \$ _____

- 16 digit Credit card number (Mastercard or VISA) _____

Expiration date of credit card: ____/____

- Checks made payable to Campaign for Better Health Care

CBHC is grateful for your ongoing support.

A Project of the Campaign for Better Health Care

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