

Join Health Care for All--Washington

**YES, I'LL JOIN TO WORK FOR HIGH QUALITY, SUSTAINABLE,
AFFORDABLE, PUBLICLY-FUNDED HEALTH CARE
FOR ALL WASHINGTON RESIDENTS !**

Name: _____

Address _____

Phone _____ Email _____

Legislative Dist _____ Congressional Dist _____

Circle how you can help: Speaking/ Fundraising/ Phoning/ Demonstrations/ Writing/
Action Teams/ Meet with legislators/ Online & Social Media/ Other _____

Suggested contribution \$35____ \$100____ Other \$_____

\$_____ Contributions to **HCFA Education Fund**, a 501(c)3, are tax deductible.

\$_____ Contributions to **Health Care For All-WA**, a 501(c)4, go for vital organizational
growth, but are not tax deductible.

\$_____ total

___ Ck ___ Visa ___ MasterCard # _____ Exp. Date _____

Thank you for your support.

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