

Sign Up to Stand Up for an Improved Medicare for All

I want an improved Medicare for All.
A helpful monthly reminder will encourage me to take action to get it.

Person getting sign-up information for this sign up sheet: Name (sign, print) _____

Phone number & e-mail address _____

Signature _____ Sign here, then please carefully print your contact information

Name (print) _____ E-Mail Address _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

Signature _____ Sign here, then please carefully print your contact information

Name (print) _____ E-Mail Address _____ Telephone Number _____

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Name (print) _____ E-Mail Address _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

An American health insurance plan with the LEAST government bureaucracy and NO for-profit bureaucracy

Printing must be readable. Addresses are used only to determine U.S. Congressional District numbers.

If questions: info@medicareforall.org be sure to include your phone number if you call back..

Mail completed sheets (full or partial) to: **Bob Haiducek; c/o Medicare for All; P.O. Box 2232; Midland Michigan 48641**

Please seal the envelope well to keep the information secure.