

**Health Care Day of Action - March 29, 2010
Co-Sponsor Commitment Form**

We are a diverse coalition including healthcare providers and advocates, businesses, labor unions, faith, community groups and individuals working to achieve real healthcare reform.

March 29th is a day of action to call attention to Colorado's healthcare crisis and to launch a movement to discuss health care reform and why **Colorado can't wait any longer to move forward.**

Why here? Why now? Over 800,000 Coloradans are without health insurance. Many more are underinsured or crushed by medical debt. We know American businesses often cannot afford to grow as they would like because of rising health insurance costs. We need health care that ensures quality, affordable access to all, keeps hardworking Coloradans from losing their homes and livelihoods due to illness, and stimulates the economy. Colorado can't wait any longer! The time for action is now!

YES! My organization _____ wants to sign on as a co-sponsor to the March 29th Day of Action!

- We request a suggested donation of \$35-\$100 from all co-sponsors. Scholarships are available upon request! Please make your check payable to the *Colorado Consumer Health Initiative*, or if you would like to charge your credit card, please provide your billing information below:

Name: _____
 \$35
 \$50
 \$100
 \$200
 Other _____

Company/Org: _____
Billing Address: _____
City/State/Zip: _____
Day Phone: _____ Evening: _____
Email Address: _____
Credit Card # _____ Exp. Date _____
Signature: _____ Date: _____

YES! My organization agrees that our name and logo can be used on public documents associated with the Health Care Day of Action.

YES! My organization will notify our members/contacts about this event via (please check):

- Listserve emails
- Newsletter/ mailing delivered prior to March 24th

YES! My organization agrees to turn out

- 10 people for March 29th
- 25 people for March 29th
- 50 people for March 29th
- _____ people for March 29th

YES! My organization can offer other resources (please describe)

Name: _____ Organization: _____
Phone: _____ Fax number: _____
Email: _____ Mailing Address: _____

Please note that the last day to sign on as a co-sponsor is March 24th!

Fax completed form to 303-839-1263 or email to chloe@cohealthinitiative.org