

PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

29 E. MADISON, STE 602
CHICAGO, IL 60602
WWW.PNHP.ORG

FAX # (312) 782-6007

PHONE # (312) 782-6006

NAME: *Every American*

ADDRESS: *USA* DATE: _____

Rx *A National Health Program*

*Sig: universal, comprehensive coverage
a single, public payer; no out-of-pocket costs
free choice of providers*

LABEL _____
_____REFILLS GENERIC SUBSTITUTION MANDATED UNLESS THE WORDS
"NO SUBSTITUTION" ARE WRITTEN IN THIS SPACE

www.SiCKOCure.org

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(Rep. Conyers - 70 Co-sponsors)

- Sign a petition in support of HR676, the Medicare for All bill
- Send a letter to your congressman urging support for HR676
- Learn about Single-Payer National Health Insurance



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