



The Massachusetts Campaign for Single Payer Health Care

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www.masscare.org

Membership Pledge Form

We will only win comprehensive, universal health care by building a movement from the grassroots. We need your voice, your commitment, and your support to build a campaign for single-payer health care that cannot be ignored. By pledging to help others fighting for better access to health care, and by pledging to fight for single payer ourselves, we can win healthier communities and dignity for all in Massachusetts.

I Pledge To Support Single Payer Health Care By:

- **Agreeing to be there at least three times a year for someone fighting for better access to health care.**
- **Writing to my Senator and Representative telling them to support single payer reform.**
- **Supporting local petitions endorsing a single-payer health care system.**
- **Writing to hospitals servicing my community to demand that they serve patients' interests in the political arena.**
- **Paying annual dues of \$25 per year or according to my means to support the campaign.**

Name _____

Address _____

Email _____

Phone _____

Dues Payment \$25 _____ \$50 _____ \$100 _____

\$500 _____ Other _____

I have already contributed this year! _____

Signature _____ Date _____

HOW DO I GET INVOLVED?

Mass-Care will be building Organizing Committees in every district. If you would like to participate, we will get you involved in a free training on health care reform politics and how to become an effective activist in your community.

____ YES I would like to get involved!