

I AM A HEALTH CARE VOTER.

I pledge to hold elected officials accountable and support those who fight to protect our care. Health care should be affordable, accessible, high-quality and should strengthen protections for everyone. Our families need affordable care we can depend on.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____@_____

Cell: (_____) _____ - _____

By providing your mobile number you give us permission to send you SMS messages on campaign updates and events. Standard data and message rates may apply.

*If you are unable to return this card to an organizer, please return by mail to:
Health Care Voter, 712 H St NE, Ste 1102, Washington, DC 20002.*

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