



Endorsement Form

In November 2016, California voters will have the opportunity to start getting the exorbitant prices of prescription drugs under control – and, save California taxpayers billions at the same time.

Join our campaign!

Individuals and organizations who have endorsed the **California Drug Price Relief Act** may be listed as “supporters” on coalition materials including our website, stationary, press kit, event invitations, etc. Californians for Lower Drug Prices will not use the names of supporters in connection with any candidate-related political activity.

____ Yes, list my name as an endorser

____ Yes, list my organization as an endorser

Name of Individual (please print)

Title (for identification purposes)

Organization

Phone

E-mail address

Signature

Date

Help us win!

Please check activities in which your organization can participate.

- ____ Provide information about this campaign on your organization’s website
- ____ Publish a short article or information in your organizational publication or E-letter
- ____ Ask your members to author op-eds and letters to the editor in local newspapers (we will provide a letter writing kit).
- ____ Keep your membership informed and active in the Drug Price Relief Act campaign by forwarding campaign email updates to your membership list.

Please fax, scan or email this signed endorsement form to:

FAX: (844) 562-0039 EMAIL: galen@paschalroth.com

For more information please contact: David Koenig (818) 445-7565 or DavidJKoenig@gmail.com

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