Single Payer Action

everybody in. nobody out.

Donate

First Name:					
		○ \$10	\$25	\$50	\$100
Last Name:		\$500	\$1000	\$2500	\$5000
		Other:	\$		
Email:	CHECK ENCLOSED (MAKE PAYABLE TO SINGLE PAYER ACTION)				
Street Address:		Please mail this form with your enclosed check to the following address:			
City:		SINGLE PAYER ACTION P.O. Box 18384 Washington, D.C. 20036			
State/Province:					
Zip/Postal Code:					
Phone Number:					

Single Payer Action is a non profit 501(c)(4) project. Donations to Single Payer Action are not tax deductible.