

Endorsement Form

I/We endorse the *Out of Many, One Multicultural Action Plan to Achieve Health Parity* and give permission to be listed as an endorser. I understand and agree that I/we may use the *Action Plan* for my individual or organizational needs. I also understand and agree that I may be contacted by the Out of Many, One coalition about activities to implement the *Action Plan*.

Name (individual or authorized representative for organization):

Title (if endorsing as authorized representative for organization):

Organization (if endorsing as organization):

Address:

City, State, ZIP:

Telephone:

Fax:

E-mail:

Signature:

We are grateful for your support of this important initiative. Please return this form to:

Out of Many, One
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Or fax to: (202) 371-0460
Email: ngaymon@shireinc.org
Web site: www.outofmany1.org
Questions? Call Nicole Gaymon
(202) 371-0277