

DONATION PLEDGE FORM

Ohio Sunshine Health Freedom Coalition

3735 St. Peter Rd. Fort Recovery, Ohio 45846

www.ohiohealthfreedom.com



Ohioans Need to Fund Ohio's Health Freedom Bill

The Ohio Sunshine Health Freedom Coalition needs funding.

We hired a lobbyist, Zach Holzappel, in July, 2008 to help us pass a Health Freedom bill. Our bill is being introduced in Feb. 2010. Zach has met with medical boards, legislators and has a sponsor and co-sponsors lined up. It will start hearings soon. We have until December 2010 to pass this bill. We have used all the funds available from the Sunshine Health Freedom Fund.

It's up to Ohioans now. Money sent to our treasurer Jennifer Cheeseman, goes toward the Ohio bill. It is separate from your contributions to the National Fund you may have requested to be deducted from your bonus check. **We need \$50,000 over the next 10 months from Ohioans** to see this bill get a fair chance in the Ohio State House.

Consider that if the registration bill had passed, you would be required to pay the State of Ohio at least \$50.00 a year, forever. To prevent that on-going cost, please pledge at least the suggested amount from the chart on the other side. We prefer monthly payments to meet our monthly expenses.

We plan to give this bill all we've got, then remain a watchdog group.

Understand that there are no guarantees in politics. This is a major effort, and while we have the door open, we need to give it all we can. Our other option is to fight registration and licensure bills into the next century.

We can clear the way with this bill.

.....
PLEASE PRINT (Donation/Pledge may be considered a business expense.)

BUSINESS NAME: _____

PERSONAL NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ FAX: _____

***One time donation** Enclosed is \$ _____

Monthly Pledge** I am planning to send **Ohio Sunshine Health Freedom Coalition** \$ _____ a month when I receive my bonus check. ***I understand this is NOT automatically taken out of my bonus check.

***Make checks payable to: Ohio Sunshine HFC**

Send to:

Ohio Sunshine Health Freedom Coalition

Jennifer Cheeseman, Treasurer (phone: 419-375-4532)

3735 St. Peter Rd. Fort Recovery, Ohio 45846

(credit card payments accepted)

____ I authorize automatic withdrawal of \$ _____

___ Monthly ___ Quarterly ___ Annually Starting _____

Card# _____

Type: ___ MC ___ VISA ___ DISCOVER Expiration Date: ___/___

Signature _____ Date _____

Address _____ Phone _____

Email _____

Suggested Monthly Pledge:

X	Suggested	AMOUNT
	Customer	\$10 & up
	Manager	\$25 & up
	Area	\$50 & up
	Regional	\$75 & up
	Divisional	\$100 & up
	National	\$150 & up

VOLUNTEER OPPORTUNITY

	Phone Tree and Make Calls
	Fund Raising
	Data Entry
	Distribute Flyers & Information
	Fax Information
	Speak with Legislators
	Attend Hearings
	Testify at Hearings
	Other:

SKILLS & FIELDS OF INTEREST

Please check all that apply

	Acupuncture, Oriental Medicine
	Activism
	Ayurveda
	Business
	Chiropractic
	Clergy
	Energy Healing
	Government
	Herbalism
	Homeopathy
	Hypnotherapy
	Legal
	Massage
	Medicine
	Naturopathy
	Nursing
	Reflexology
	Reiki
	Spiritual Healing
	Other:

For Office Use Only:

--