

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 Holzapfel, 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.

We need \$50,000 over the next 10 months 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.

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

BUSINESS NAME: _____

PERSONAL NAME: _____ TITLE: _____

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STATE: _____ ZIP CODE: _____

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

***Monthly Pledge** I am planning to send **Ohio Sunshine Health Freedom Coalition**
\$ _____ a month

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 _____

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Pledge*

X	CATEGORY	AMOUNT
	Consumer	\$10
	Student	\$12
	Individual	\$30
	Professional	\$50
	Supporter	\$500
	Patron	\$1,000
	Bronze	\$2,500
	Silver	\$5,000
	Gold	\$10,000
	Platinum	>\$10,000

SKILLS & FIELDS OF INTEREST

Please check all that apply

<input type="checkbox"/>	Acupuncture, Oriental Medicine
<input type="checkbox"/>	Activism
<input type="checkbox"/>	Ayurveda
<input type="checkbox"/>	Business
<input type="checkbox"/>	Chiropractic
<input type="checkbox"/>	Clergy
<input type="checkbox"/>	Energy Healing
<input type="checkbox"/>	Government
<input type="checkbox"/>	Herbalism
<input type="checkbox"/>	Homeopathy
<input type="checkbox"/>	Hypnotherapy
<input type="checkbox"/>	Legal
<input type="checkbox"/>	Massage
<input type="checkbox"/>	Medicine
<input type="checkbox"/>	Naturopathy
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Reflexology
<input type="checkbox"/>	Reiki
<input type="checkbox"/>	Spiritual Healing
<input type="checkbox"/>	Other:

For Office Use Only:
