

If I lose coverage...



**RAISING
WOMEN'S
VOICES**
for the health care we need

W
Ms. FOUNDATION
FOR WOMEN

I _____, give permission to _____ (*organization name*) to post my #IfILoseCoverage story and photo to social media platforms such as, but not limited to, Facebook, Twitter, or the organizations' website.

Sign here: _____

Date: _____

Contact info: _____ (*email or phone number*)

Location: _____ (*city/state*)



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