

1) Please print out the Advocacy letter. You may add your group's name/logo - just paste it on at top left of each section. 2) Make copies of the page for distribution. 3) Ask each person to SIGN ALL FOUR SECTIONS 4) Mail all completed sheets to SPANUSA. 5) Do Not Cut Apart. Return Completed Page To SPANUSA, 5034 Odins Way, Marietta, GA 30068

Date _____

Dear US Senator _____

Name _____

Address _____

City _____ State _____

Zip Code _____
These 4 digits are important

Signature _____

In Collaboration With



5034 Odins Way, Marietta, GA 30068
Web site: www.spanusa.org
T: 888-649-1366

2000-01

Suicide PREVENTION

Please

- 1) Direct resources to implement a **National Suicide Prevention Strategy** and
- 2) Provide accessible and affordable mental health services.

Thank you.

Date _____

Dear US Senator _____

Name _____

Address _____

City _____ State _____

Zip Code _____
These 4 digits are important

Signature _____

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Dear Representative _____

Name _____

Address _____

City _____ State _____

Zip Code _____
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Signature _____

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Date _____

Dear Governor _____

Name _____

Address _____

City _____ State _____

Zip Code _____
These 4 digits are important

Signature _____

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T: 888-649-1366

2000-01

Suicide PREVENTION

Please

- 1) Direct resources to implement a **State Suicide Prevention Strategy** and
- 2) Provide accessible and affordable mental health services.

Thank you.

comments



comments



comments



comments
