



## **WAMEND COALITION ENDORSEMENT INFORMATION FORM**

**Name of Endorsing Organization or Individual:**

**Your Organization's type or Goals/Mission, for example:**

**Labor  
Justice  
Religious  
Health Care  
Environment**

**Organizational Contact Person, Email address and website URL:**

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**Please return this completed form to:**

**WAmend Coordinator: Jay Heyman [wamendinfo@gmail.com](mailto:wamendinfo@gmail.com)  
or print, complete and mail to:  
WAmend Coalition  
PO Box 17939  
Seattle, WA 98127**