

# MAIL IN BALLOT

**THIS IS YOUR VOTE:** Choose the statement you support by placing an "x" in one box.

I support our local public hospitals. I do not want the government to cut our services or contract them out to private clinics.

**OR**

I support cutting services from our local public hospitals and contracting them out to private clinics.

*My signature indicates that I am over age 16 and I will only vote once.*

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature \_\_\_\_\_

This ballot must be received at our office by **April 3, 2014.**

Affix  
65 cent  
postage  
stamp  
here

Mail to:

Ontario Health Coalition  
15 Gervais Drive, Suite 305  
Toronto, Ontario  
M3C 1Y8