

ONE Individual Should Complete All Three Letters On This Page. Return to SPAN-California

Let Your Voice Be Heard



Advocates the development of a proven, effective suicide prevention program

SPAN-California
P.O. Box 118
West Covina, CA 91793

California State Senator:

COMPLETE NAME

Printed Name _____

Street Address _____

City _____ ST _____ Zip _____

Signature X _____

Date _____

I petition you to please...
Direct resources to implement Suicide Prevention Programs as called for in the Surgeon General's National Strategy for Suicide Prevention and promote the accessibility and affordability of Mental Health Services for all people.

Thank You!

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California Assemblymember:

COMPLETE NAME

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California Governor:

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Date _____

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Comments: _____

