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PLEASE  
PLACE  
STAMP  
HERE

The Honorable Larry Kissell  
512 Cannon House Office Building  
District of Columbia 20515-3308

I am uninsured and need access to affordable health care.

**You have tax-funded health care. I want what you have.**

Please reconsider your vote and support health care reform that is **affordable** for **working families**.

**What you should know about me and my family:**

My name: \_\_\_\_\_ My age: \_\_\_\_\_  
I am a voter in \_\_\_\_\_ County.

- I don't have health insurance. There are \_\_\_ people in my family that are uninsured.
- Someone in my family has delayed or not gotten necessary care because of the cost.
- My family has medical bills that we cannot afford to pay.

What not having health insurance means to me and my family:

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Please think of people in my situation and reconsider your vote on healthcare reform.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_