



Health Care Protection Pledge

I pledge to sustain the Canada Health Act with all its protections and all five principles now and after the 2014 Health Accord and enforce it across Canada.

I pledge to continue to fund health care through Federal transfer payments tied to compliance with the Canada Health Act.

Candidate Name: _____

Party: _____

Riding: _____

Signature: _____

Date: _____

*Please return your signed pledge to Canadian Doctors for Medicare,
Mail: 340 Harbord St., Toronto, ON. M6G 1H4
Email: info@canadiandoctorsformedicare.ca
Fax: 416 531 7210*