



Request for Endorsement/Support
to the Massachusetts Chapter of the
American Academy of Pediatrics (MCAAP)

Requestor: _____

Contact information (email and phone number) _____

Are you member of the MCAAP? _____

What organization are you representing? _____

What type of support are you requesting (e.g. letter of support, organizational sign-on to letter)

What is your deadline?

Do you have any background information (e.g. fact sheet)?

In what way does your request affect families and children?

Your request will be reviewed by the Chapter's Legislative Committee and/or Board and you will be contacted once a decision has been made. For more information, please contact Cathleen Haggerty at chaggerty@mcaap.org or by calling 781-895-9852.

Thank you.

