Statement of Compassion

We/I agree that: Licensed health care providers should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subjected to criminal sanctions for using medical marijuana if their health care provider* has told the patient that such use is likely to be beneficial.

<table>
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<th>Signature</th>
<th>Date</th>
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Name: ____________________________  Title: ____________________________

Religious/Community Organization: ____________________________

Are you signing for yourself/your organization or both: ____________________________

Who Made the Decision (board/pastor/parish etc.): ____________________________

Address of Organization: ____________________________

Address line 2: ____________________________

City: ____________________________  State: ____________________________  Zip Code: ____________________________

Phone Number of Organization: ____________________________  Personal Phone Number: ____________________________

E-mail Addresses: ____________________________

I am willing to help in the following ways: ____________________________

I would like to receive: ____________________________

I also like to make a donation in the amount of ____________________________

Comments: ____________________________

(Additional supporting letters and material may be attached. These may be published online or used as supporting documentation in our efforts)

Signature Confirmed: __ Y __ N  Notes: ____________________________

Send to: Texas Coalition for Compassionate Care, C/O Dallas Peace Center, P.O. Box #35269, Dallas TX, 75235

* Refers to personnel charged under current law to prescribe medicine