Texas Coalition for Compassionate Care

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.

Signature _____ **Date** _____

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: ___ Sign this Statement of Compassion ___ Forward this statement to colleagues and friends ___ Contact Politicians and elected representatives ___ Join a delegation in legislative efforts: ___ Locally ___ in Austin	I would like to receive: ___ Information on an educational presentation for my community ___ E-mail alerts ___ Coalition News (low volume, Max 1/month) ___ Information about organizing in my area

I also like to make a donation in the amount of ___$25 ____$50 (suggested) ____ $200 Enter any amount_____
Checks should be made out to the Dallas Peace Center (write Texas Coalition for Compassionate Care in the memo line)

Comments

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

Texas Coalition for Compassionate Care Office use ONLY (do not write below this line)

Signature Confirmed __Y __N Notes_____

INT _____

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