



## Compassionate Use Campaign

### Please Support Medical Marijuana in Connecticut by Supporting House Bill 6715

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate if you are joining as an  individual or  organization.

**Yes**, you may list me and/or my organization as a member of the  
Compassionate Use Campaign.

Please fax this form to (860) 293-0626, Mail to Compassionate Use Campaign  
c/o A Better Way Foundation • P.O. Box 942, Hartford, CT 06143-0942, or email to [info@abwf-ct.org](mailto:info@abwf-ct.org)

#### **I/We are willing to participate in the Campaign in the following ways:**

- Contact elected officials.
- Coordinate your organization's membership to write letters or attend legislative hearings.
- Attend Campaign strategy meetings.
- Testify at legislative hearings on the issue.
- Write an opinion editorial.
- Hold a house party.
- Other: