

# AMERICANS FOR SAFE ACCESS DONATION FORM



**Americans for  
Safe Access**  
Advancing Legal Medical Cannabis Therapeutics

## DONATION TYPE

☐ Check    ☐ Cashier's check/money order

**DATE**

**NAME**

First Name

Last Name

**ADDRESS**

Street Address

Postal / Zip Code

City

State / Province

**EMAIL**

☐ Please sign me up to receive updates from ASA

**CELLULAR NUMBER**

☐ Okay to receive text from ASA

**THANK YOU FOR YOUR SUPPORT!**

*the ASA team*

## MAILING INSTRUCTIONS

Americans for Safe Access  
1629 K Street Northwest Suite 300  
Washington, DC 20006-1631