

I support end-of-life options.

I am an Indiana resident and I believe that terminally ill, mentally capable adults should have the right to request and receive medication that they can take to achieve a peaceful death.

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Want to Volunteer?

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Want to Volunteer?

Name _____

Address _____

City _____ State _____ Zip _____

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Name _____

Address _____

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Email Address _____

Phone _____ Want to Volunteer?



*CompassionAndChoices.org/indiana
Facebook.com/groups/compassionandchoicesofindiana/
indiana@CompassionAndChoices.org*

By signing this form, you consent that Compassion & Choices may contact you using the information provided.