

Dear TheraPsil Member,

Thank you for your interest in TheraPsil. By joining the TheraPsil coalition, you will help us establish safe, compassionate and legal access to psychedelic-assisted therapy for those in medical need. With your support, we hope to enact the following mission:

- **Patient Treatment:** Establish safe, compassionate and legal access to psychedelic-assisted therapy for those in medical need.
- **Public Education:** Increase awareness of general public and health care professionals about merits and limitations of psychedelic-assisted therapy.
- **Professional Training:** Develop safe, simple and effective protocols for credentialed health professionals to deliver psychedelic-assisted therapy
- **Clinical Research:** Facilitate clinical trials in collaboration with Canadian and international partners.

The Coalition is a dedicated group of volunteers, policy-makers and community leaders with a common set of values:

- **Freedom** of citizens to exercise their right to try therapies and make their own choices about their personal health and wellbeing
- **Courage** to fight for that right
- **Compassion** for patients in medical need and with a palliative diagnosis
- **Responsibility** to mitigate suffering and promote well-being of patients

Your contributions will help us achieve our goals over the next year, these goals include:

- Retain an exceptional operations team to expand our treatment capabilities, facilitate Section 56 applications to the Ministry of Health for patients in need.
- Conduct public communications and fundraising campaigns.
- Support provincial and federal government correspondence, meeting with MLAs, Ministers and other health officials.

- Establish strategic partnerships with other organizations to expand our core competencies of treatment, education, training, and research.
- Fulfill day to day administrative needs and operation costs.

We would ask that you make a donation of \$400 to join the TheraPsil Coalition. Upon filling out this form we will send you the payment details from **donations@therapsil.ca**. Anyone experiencing financial limitations need only donate what they can and we will welcome them.

By joining the coalition, you:

1. Support the mission, vision and values of the coalition as described on our website.
2. Make financial contributions that will be applied to achieve the goals of the Coalition
3. Assume no liability for the Coalition's activities
4. Access year-end financial reports that will be provided to donors.
5. Understand that TheraPsil will keep all members' information private, unless prior, consent to share certain information is provided by the individual.

If you are in agreement with these terms and conditions, please fill in your member information and sign this contribution below.

Name _____

Address: _____

Province/State _____ Country _____

Email _____ Phone: _____

Donation Amount: _____ Payment Method: _____

Professional Designation: _____

Are you a clinical Psychologist, Therapist or Counselor willing and able to provide psychedelic-assisted psychotherapy? Or, do you want to learn more about how to provide

psychedelic-assisted treatment? If so, please record any past training you have done, or let us know of your intent to learn psychedelic-assisted psychotherapy.

Are you a Medical Doctor willing and able to support applications for Section 56 Exemption to the Controlled Drugs and Substances Act (CDSA) for patients who meet criteria? Or do you want to learn more about supporting applications? If so, please record any past training you have done, or let us know of your intent to learn more about psilocybin.

Thank you again for your interest. Please do not hesitate to contact me directly if you have any questions.

Yours truly,

_____ Spencer Hawkswell

Chief Executive Officer

spencer@therapsil.ca

TheraPsil.ca

Coalition Member's Name: _____

Coalition Member's Signature: _____

Date: _____