



By becoming a member of PASAN, you are contributing to the fight for the health care rights of prisoners, and the specific needs of prisoners and ex prisoners living with HIV and HCV.

YES, I want to become a member of PASAN.

YES, I have read and agree to support the [Basis of Unity and Mission and Vision of PASAN](#).

Name: _____

Address _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

OPTIONAL: Please accept my one-time donation of: \$ _____

*Donations can be provided via email money transfer to accounting@pasan.org or by sending a cheque to the address below.
Donations can also be made online by visiting www.pasan.org*

I am interested in volunteering with PASAN:

Fundraising Cell Count Website Board of Directors

Other: _____ Committees

I am willing to be contacted about upcoming events.

Thank you for your support!

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