



**CANNABIS
DEFENSE
COALITION**

PO BOX 45622
SEATTLE, WA 98145
888-208-5332
WWW.CDC.COOP

Community Service Verification Form

Volunteer Name _____

<i>Date</i>	<i>Hours</i>	<i>Description</i>

Total Hours _____

I hereby acknowledge that the above-named person has completed these community service hours for the Cannabis Defense Coalition, a 501(c)(3) nonprofit organization.

Supervisor Name _____

Signature _____

Date _____

Cannabis Defense Coalition is a 501(c)(3) nonprofit member cooperative facilitating civic engagement and increasing public awareness of Washington State medical marijuana law. More info is available online at www.cdc.coop.