Do you suffer from a serious medical condition and are in need of receiving free CBD supplements? Click here to apply for qualification.

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Describe your medical condition:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____