

**As of March 13, 2009, all contributions
to PAM are tax deductible.
EIN 26-3694461**

**PLEASE BECOME A MEMBER IF YOU
BELIEVE IN PRISONER'S RIGHTS
OR/AND
IF YOU HAVE A FAMILY MEMBER
OR FRIEND WHO IS
INCARCERATED**

**PAM meets every third Saturday of the
month from 10:00 a.m. until 12:00 p.m.
Good Shepherd Trinity Church
3302 N. Sherman Blvd.
In lower level-enter off Bernard St.
Office hours: 10 am.-1 pm.; W-Fri.**

**To join PAM please mail the
membership application to:
P.O. Box 100782
Milwaukee, WI 53210**



**A vehicle for change in the
Wisconsin Prison System
Visit PAM on Facebook**

CONTACT: ROSE SCOTT drms89scott@gmail.com (414) 445-2487

**AN ADVOCACY GROUP FOR
WISCONSIN PRISONERS**

**Good Shepherd Trinity Church
3302 N. Sherman Blvd.
Milwaukee, WI 53216
Office phone: 414 264 4460**

About PAM

The Organization (PAM) intends to provide a supportive environment for individual family members and friends of the incarcerated and ex-incarcerated through monthly meetings, email and telephone calls. Further, persons with similar issues with the Department of Corrections (DOC) or otherwise will bond together to seek solutions.



PAM intends to provide certain advocacy services to individual members of the Organization who are currently prisoners, which may include the provision of assistance with respect to issues relating to parole, programs required as prerequisites to parole, mental and physical health care services provided by or on behalf of the jail or prison facility, visitation and other issues the prisoner may have related to incarceration. In furtherance of the above advocacy services, the Organization may engage in written or oral communication with members of the parole board, the warden or other responsible officials at the jail or prison, medical care providers, defense counsel, prison or jail oversight boards and other persons involved with the specific incarceration issues.

Prison Action Milwaukee, INC (PAM)
P.O. BOX 100782, Milwaukee, WI 53210

YES, I would like to be an active member of Prison Action Milwaukee

Name : _____
Address: _____ State: _____ Zip: _____
Phone: _____ City: _____ Email: _____
Alternate Phone: _____
Committee interests: ___ Inmate representation ___ Parole ___ Transportation ___ Programs
Amount Enclosed: \$ _____ Date: _____

**** Please Contact Rose Scott at (414) 445-2487 ****