



State of Ohio Combined Charitable Campaign TESTIMONIAL

Name: _____

Agency: _____

Email: _____

Phone: _____

Testimonial (maximum 75 words, may also be submitted on a separate sheet):

MEDIA RELEASE

Publications, publicity materials, Internet sites, and other media may be used to share information about the Combined Charitable Campaign. Authorization is required to release the text you provide and your name.

I, the undersigned, consent to the reproduction, use, and distribution of my words by the Combined Charitable Campaign and/or its agents. Furthermore, I understand that this text may be released to the general public, funders, and program administrators when used for publications, publicity materials and program reporting, in broadcast, print, or Internet media. Additionally, text may be edited for clarification or grammatical issues.

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Signed this _____, _____, _____ intending to be legally bound hereby.
Month Day Year

YOUR SIGNED CONSENT

Do you consent for CCC staff use of your name in their materials? (select one only)	Yes, first and last	First name only	No name
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Print Your First and Last Name

Your Signature

Date