



# 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.

I release the Combined Charitable Campaign and its agents, employees, and assignees from any and all liability connected with the capture or use of these Media Images. I waive all rights, interests, or claims for payment in connection with any exhibition or release of these Media Images. I understand this consent is voluntary and can be revoked at any time.

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