**Testimonial Release Form**

Thank you for sharing your story! Your experience can inspire others and help make a difference. Below, you can choose how your testimonial may be shared.

**How We May Use Your Testimonial**:   
(Please check all that apply)

☐ Website

☐ Social Media (Facebook, Instagram, etc.)

☐ Email Newsletters

☐ Printed Materials (brochures, flyers, etc.)

☐ Fundraising Appeals

☐ Events & Presentations

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Preferences:**

☐ You may use my full name.

☐ Please use only my first name.

☐ I prefer to remain anonymous.

**Your Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (optional, for follow-up): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent Statement:**

I give **[Organization Name]** permission to use my testimonial as indicated above. I understand that my words may be shared to inspire others, and I can contact the organization at any time if I have concerns.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_