



RELEASE FORM

I _____ (print name of participant) give *United Way of Midland County* and/or its agents permission to use my **testimonial and/or photograph** in all promotional materials and expect no compensation. *United Way of Midland County, United Way of America and United Way International* having received prior verbal confirmation will assume they have permission to use these testimonials and/or photographs for publicity purposes, unless written notice is received to the contrary.

Signature:	Date:
Home Address:	
City/State/Zip:	Home Phone:
Work Phone:	E—mail:
If under age 18, Date of Birth:	

If participate is under age 18:

Parent/Guardian Name: (please print):
Parent/Guardian Signature / Date:

Please return to:
 United Way of Midland County
 220 W Main St, Suite 100,
 Midland 48640
 631-7660, Fax: 832-5524