



**THE BAPTIST FOUNDATION OF ALABAMA
P.O. BOX 241227
MONTGOMERY, AL 36124-1227**

We like to hear from our clients regarding the experiences they have had with The Foundation, whether it pertains to the *Stewarding Your "Stuff"* workshop, setting up an endowment or any other service provided by The Foundation. We also like for others to hear and read about it as well. If you would like to share your experience, please complete the information below and mail to the address listed above. We appreciate your help.

TESTIMONIAL RELEASE FORM

Date _____

TESTIMONIAL STATEMENT AND/OR INVENTORY OF TESTIMONIAL MATERIALS:

AUTHORIZATION INFORMATION - TESTIMONIAL

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of The Baptist Foundation of Alabama (hereinafter called "The Foundation") may be used in connection with publicizing and promoting The Foundation.

Please initial by one of the following:

_____ I authorize The Foundation to use my **name** and the Testimonial as defined on this form.

_____ I authorize The Foundation to use only **my initials** and the Testimonial as defined on this form.

_____ I authorize The Foundation to use my Testimonial as defined on this form as long as I am not identified by my name or initials. My testimonial would be identified as "anonymous".

PICTURE/IMAGE DESCRIPTION:

AUTHORIZATION - PICTURE/IMAGE

I understand my picture/image as outlined above may be used in connection with publicizing and promoting The Foundation.

Please initial by one of the following:

_____ I authorize The Foundation to use my picture. (If The Foundation doesn't have a picture, please attach one.)

_____ I DO NOT authorize The Foundation to use my picture.

RELEASE INFORMATION FOR TESTIMONIAL AND PICTURE/IMAGE

I hereby irrevocably authorize The Foundation to copy, exhibit, publish or distribute the Testimonial and/or picture/image, as defined on this form, for purposes of publicizing The Foundations' programs or for any other lawful purpose. These statements/pictures/images, as defined on this form, may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Foundation for the use of the statement and/or picture/image.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness, picture/image or my testimonial appears.

I hereby hold harmless and release The Foundation from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ THE AUTHORIZATION AND RELEASE INFORMATION ABOVE AND GIVE MY CONSENT FOR THE USE AS INDICATED ABOVE.

Signature: _____

Printed Name: _____

Email: _____

Address: _____

City, State, Zip: _____

Telephone: _____