

Testimonial Release Consent Form

Thank you for your willingness to provide a testimonial for our nonprofit organization. We appreciate your support. Please complete this consent form to authorize us to use your testimonial.

Full Name

Email Address

Your Testimonial

Affiliation (optional)

By signing this form, I hereby grant permission to [Nonprofit Organization Name] to use, reproduce, publish, and/or distribute my testimonial in whole or in part for any lawful purpose, including marketing and promotional materials in print and online, without compensation.



I have read and agree to the terms above.

Signature

Date