

Testimonial Consent and Release Form

Nonprofit Organization Name:

Full Name

Email Address

Phone Number

Your Testimonial

☐ I hereby authorize the above nonprofit organization to use my testimonial, name, and likeness in its materials, including but not limited to print, digital, and social media.

☐ I understand my testimonial may be edited for length or clarity, but the meaning will not be changed.

☐ I agree that I will receive no compensation for the use of my testimonial.

Signature

Date