

# SUCCESS STORY RELEASE

(Agency and Program Name)

The United Way thanks you for sharing your story. You represent hundreds of individuals who benefit from United Way funded programs. Thanks to your story we will be able to communicate just how important these programs are to our community.

*I hereby grant permission to United Way to use my impact story and photo in publications, campaign material, news releases, online, and in other communications related to the mission of the United Way.*

- United Way may use my story and my full name.
- United Way may use my story and my first name.
- United Way may use my story but change my name.

\_\_\_\_\_  
(Signature of Adult, or Guardian of Children under age 18) Date

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**THANK YOU!**

\*\*\*\*\*

**For Agency to Complete:**

Are the names written in this story those of your actual clients?

\_\_\_ Yes

\_\_\_ No, the names have been changed.

