

TESTIMONIAL

Name: _____

Address: _____

Phone Number: _____

I would like my testimonial to remain anonymous when used (Please note, to submit your name into the draw, you will need to provide a contact number and name – we will not use it for any other purpose other than informing you if you have won.)

I give permission for my name to be used as part of my testimonial.

Testimonial:

I (your name): _____ Consent to and authorize the use by I CAN-T.E.R. of my testimonial for promotional material, educational activities, online representation (website, FaceBook and other social media) and exhibitions or for any other use for the benefit of the program. *Names will not be mentioned if you have indicated at the top of the form

Signature: _____

Date: _____

If you are a minor (under the age of 18), please have a parent or guardian sign below

I (Name of Adult/Parent or Guardian): _____ Consent to and authorize the use by I CAN-T.E.R. of my child’s testimonial for promotional material, educational activities, online representation (website, FaceBook and other social media) and exhibitions or for any other use for the benefit of the program. *Names will not be mentioned if you have indicated at the top of the form

Signature: _____

Date: _____