

The Cancer Thrift Store of Beaufort

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Authorization to use Photo/Name/Story

Your consent gives *The Cancer Thrift Store of Beaufort* authority to use your photo/story in our newsletters, publishing, and other materials as deemed fit by the organization. In using your photo, we may inspire others to donate to or help our organization which would allow us to help others affected by cancer.

Name:
Date of Birth:
SSN:
Γoday's Date:
Patient's Signature of consent:
, hereby authorize the use of my name/likeness/photo/story to The Cancer Thrift Store of Beaufort.
Cancer Thrift Store Office Use Only
Date Received: By: