



c/o Bethel Lutheran Church • 325 E Queenwood Ave • Morton IL 61550 • (309)712-4852

Media Release

I, _____, hereby authorize the Heart of Illinois Down Syndrome Association to use my name and or photograph in promotional materials and in the media if I am selected.

Signature

Date

Signature Release

I, _____, hereby authorize the Heart of Illinois Down Syndrome Association to use my electronic signature only when necessary, and only with my prior knowledge on correspondence for the Heart of Illinois Down Syndrome Association.

Signature

Date

Board Decision

Approved _____

Date _____

Rejected _____

Date _____