

ALUMNI ASSOCIATION NETWORK

PERMISSION CORRESPONDENCE

I hereby give permission for the following information and image(s) of myself or my child, captured for a presentation of a donation presented by an AAN representative (vice president or director), to be used for publication. I understand this information might appear on AAN's website and/or in AAN's books, e-books, newsletters, and so forth.

Adult Name: _____

Child Name: _____

Child Age: _____ Grade: _____ School: _____

City, State: _____, _____

Country: _____

Recognition Place: _____

Donation: _____

Nature of the Event (Need):

For Organizational Use Only:

Action Taken:

Representative:

Name: _____

Title: _____

Department: _____

Email: _____

Phone: _____

Time: _____

Photo Enclosed: yes no

Receipt for Donation Enclosed: yes no

Signature: _____

Date: _____

CEO: Signature: _____

Adult Signature: _____

Date: _____ Phone No: _____

Adult Email: _____

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