

Long Island Cares, Inc./The Harry Chapin Food Bank

10 Davids Drive, Hauppauge, New York 11788 (631) 582-FOOD (3663)

Photo Release Form

I, _____, hereby give permission for my photo to be used in any of Long Island Cares, Inc. publications such as brochures, newsletters or annual reports. These publications will be used solely for public relations and informational purposes pertaining to Long Island Cares' programs and mission.

Signed:_____ Date_____

Print Name:_____

Witness_____

Long Island Cares, Inc. / The Harry Chapin Food Bank

10 Davids Drive, Hauppauge, New York 11788 (631) 582-FOOD (3663)

Photo Release Form

I, _____, hereby give permission for my minor child or children to be used in any of Long Island Cares, Inc. publications such as brochures, newsletters or annual reports. These publications will be used solely for public relations and informational purposes pertaining to Long Island Cares' programs and mission. I attest that I am the legal parent or guardian of said children.

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Parent Signature: _____ Date: _____

Witness: _____

Long Island Cares, Inc./The Harry Chapin Food Bank

10 Davids Drive, Hauppauge, New York 11788 (631) 582-FOOD (3663)

Photo Release Form

I, _____, hereby give permission for my photo to be used in any of Long Island Cares, Inc. publications such as brochures, newsletters or annual reports. These publications will be used solely for public relations and informational purposes pertaining to Long Island Cares' programs and mission.

Signed:_____ Date_____

Print Name:_____

Witness_____

I, _____, hereby give permission for my photo and that of my minor child or children to be used in any of Long Island Cares, Inc. publications such as brochures, newsletters or annual reports. These publications will be used solely for public relations and informational purposes pertaining to Long Island Cares' programs and mission. I attest that I am the legal parent or guardian of said children.

Child:_____ Age:_____

Child:_____ Age:_____

Child:_____ Age:_____

Parent Signature:_____ Date:_____

Witness:_____