

Submission and Release Form

I am submitting to you herewith the following described material, ideas, or creative work (hereinafter referred to as "said material"):

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I understand that the use of the said material in print publications, website(s) and promotional materials, including fund raising and in any and all other media, is subject to the sole and exclusive discretion of The Friends of AIDS Foundation.

Name: _____
(PRINT FULL NAME)

Signature: _____

Date: _____

Address: _____

City, State, Zip Code, Country: _____

Telephone: _____

Email Address: _____

A SEPARATE FORM MUST BE COMPLETED AND ACCOMPANY EACH PIECE OF WORK SUBMITTED.

Mail to: The Friends of AIDS Foundation / Post Office Box 1664 / Long Beach, California 90801 USA