

Dedicated to reducing the shame and stigma of mental illness and addiction, while promoting the physical, emotional, and mental health of the community.

I,	_ give permission	on to Today I Matter, Inc. to use the likeness of my
relationship to above	-	name of person to be exhibited
for the purpose of educational and informat	tional awareness	of the costs of addiction, as they (Today I Matter)
see appropriate. I am aware that I can revok	ce this permission	on at any time by communicating with Today I
Matter in writing at the below address or by	email to johnla	ally@todayimatter.org
Signed		Date
Printed Name	Address	
City	State	Zip Code
Witnessed by		Date
Printed Name		<u></u>
First Name to be used on Poster		
1st One Word Description of Honoree		
2nd One Word Description of Honoree		
Town of residence		

Today I Matter PO Box 164, Ellington, CT. 06029 todayimatter.org

All Fields Must Be Complete

