

---

**To be Completed by Chapter Leader Board or Community Service Team Contact**

---

Name of chapter leader board or community service team member

Nancy George, Financial Director

Address

819 18th Avenue SW #3

City

Albany

State

OR

ZIP code

97321

Phone number

(541) 928-6218

E-mail address

n\_george@comcast.net

---

**Complete this form for any service team activities in which recipient information will be used in publicity materials. Store the completed form with other chapter documents and retain for seven years.**

---

**To be Completed by Recipient**

---

I give permission to Thrivent Financial for Lutherans and the Mid-Willamette

Chapter of Thrivent Financial for Lutherans to use, publicly disclose and publish my name, photograph, medical condition and other information about me that I or other person(s) acting on my behalf have provided to chapter members. I agree that this information may be used, publicly disclosed and published for the purposes of planning, conducting, advertising and communicating the results of a hands-on work service activity or fund raising activity for my benefit.

This information about me may be publicly disclosed and published by any means, including on the Internet.

I also agree that other chapters of Thrivent Financial for Lutherans that assist in fund-raising activities for my benefit may also use, publicly disclose and publish this information about me for the same purposes as listed above.

Signature

Date

Name (please print)

Address

City

State

ZIP code

**Please return this form to the chapter leader board or community service team member shown above.**