



**Association of Fundraising Professionals  
Greater Houston Chapter  
Photo Release Form**

I, \_\_\_\_\_, authorize the Association of Fundraising Professionals – Greater Houston Chapter to use my photograph and name to further the efforts of fostering collaboration between the generous individuals and skilled, ethical development professionals who share a commitment to the well-being of the Houston community.  
(Please print name.)

I understand that my photograph may be used in a wide variety of promotional materials including but not limited to newsletters, flyers, brochures, advertisements, fundraising communications, annual reports, press kits submitted to journalists, websites, social networking sites and other print and digital communications.

Name: \_\_\_\_\_  
(Please print.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Questions? For more information about the organization or its use of photographs in communications materials, please contact: [admin@afphouston.org](mailto:admin@afphouston.org).*

**Thank you for your support of the Association of Fundraising Professionals – Greater Houston Chapter and the vibrant philanthropic community of Greater Houston.**