



### **Nominee Consent Form**

By signing this form, I \_\_\_\_\_ (print nominee's name) hereby consent to the following:

- The collection, use and disclosure by YWCA St. John's, of my name, photograph and information contained in the nomination submitted by \_\_\_\_\_ (print nominator's name) for promotional purposes, which may include print material, websites, distribution to media, or other means.
- Receiving email correspondence from YWCA St. John's about this nomination process and about other YWCA programs and events, and understand that I can easily unsubscribe from any mailings at any time.

X \_\_\_\_\_

(Signature of above noted nominee or representative of business represented)