



## CHC Community Supporter Testimonials

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Community Health Center: \_\_\_\_\_

(Please write clearly)

I support my community health center because...

My CHC benefits my community by... *(name providers if you wish)*

Without the CHC, health care in my community would be... *(would you even have access to care?)*

The thing I like best about having a CHC in my community is...

I would like to join OKPCA's Grassroots Advocacy Network! Email Address: \_\_\_\_\_

### **Release**

I grant Oklahoma Primary Care Association (OKPCA), and any individuals or entities operating on its behalf, permission to use any photographic, video, or audio image of me taken on the date below in efforts by OKPCA to educate the public, promote OKPCA or its member organization services, or in other ways deemed necessary. I further grant permission for OKPCA to issue press releases containing information on myself as it relates to these images and contributions. I understand that treatment, payment, and enrollment or eligibility for benefits is not conditioned on nor guaranteed by obtaining this permission.

Signature of Community Supporter: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian *(if supporter is a minor)* \_\_\_\_\_

Signature of CHC Representative: \_\_\_\_\_

Please send completed testimonial to [grassroots@okpca.org](mailto:grassroots@okpca.org) or fax to 405-424-1111