Directions: The Junior Auxiliary of Biloxi-Ocean Springs thanks you in advance for your testimonial. Please include your experience, either as an organization, project, or as something or someone you witnessed Junior Auxiliary of Biloxi-Ocean Springs influence or assist.

Date: \_      Name: \_

Title or Position: \_      Business or Organization: \_

Email Address: \_      Phone Number: \_

**Testimonial**

I hereby authorize Junior Auxiliary of Biloxi-Ocean Springs to publish and use my testimonial, including my name, for PR purposes. I also understand that this testimonial, used either in whole or in excerpts, could be used indefinitely.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send completed forms to** **email@jabos.org** **or mail to Post Office Box 738, Biloxi, MS 39533.**