



Women Against Gun Violence

I hereby give **Women Against Gun (WAGV)** and its representatives permission to publish information and images/photographs of my loved one to promote WAGV's mission to educate the public about gun violence and promote the reduction of gun violence generally.

I understand that WAGV may use the information and images/photographs in the following ways: in literature such as brochures, membership appeal letter, the WAGV website, billboards in the Los Angeles area, and the Annual Survey. I further understand that the preceding list is not exhaustive and that WAGV has my permission to use or publish the information and images/photos in other ways that promote WAGV's mission to educate the public about gun violence and promote the reduction of gun violence generally.

I understand that the information I provide may be edited for both length and content. I further understand that the photograph I provide will not be returned to me, but will be kept on file by **Women Against Gun Violence**.

First and Last Name of Loved One

Your First and Last Name

Your Signature

Your Relationship to Victim

Today's Date

Address

City

Zip Code

Your Telephone Number

Victim's Age

Date of Death

Please return permission form and tribute, along with a photograph to:
Women Against Gun Violence
P.O. Box 1501
Culver City, CA 90232

If you have questions, please call us at (310) 204-2348.
Thank you very much.