

## SCHEDULE E - Testimonial Request Form

(Protected "B" Personal Information (when completed)

The Support Our Troops Program (SOT) is always in need of heart-warming stories from members/families that have received support from us. Your personal story can be in the form of a few lines/statement with a preamble or a full story on how the Support Our Troops Program has helped you. These statements and stories will be posted on our website and will serve as a reference point when asked by the Board of Directors, media and donors on how we've disbursed the fund. Pictures are also welcomed, if you wish to share them.

I agree to provide a written testimonial: Yes No				
If yes, please provi	de email addr	ress in order for SC	OT staff to provide yo	u with a template.
Email address: —				
I understand that the families or interviews		-	-	he news media for stories of
I am willing to partici	pate in an inter	rview: Yes N	lo	
BENEFICIARY				
DATED AT	THIS	DAY OF	, 20 .	