



THE CAUSE FOUNDATION
GENERAL RELEASE FORM

I, _____ AUTHORIZE

THE FOLLOWING PERSON(S) TO RELEASE INFORMATION TO
REPRESENTATIVE(S) OF THE CAUSE FOUNDATION.

- NAME/PHONE/FAX _____

- ORGANIZATION/TITLE _____

(THIS CAN BE PHYSICIAN, BANKING INSTITUTION AND ACCOUNT #,
EAP, ETC.)

THE INFORMATION RELEASED SHALL BE FOR THE PURPOSE OF OBTAINING
A CAUSE FOUNDATION GRANT.

COMMENTS: _____

THIS RELEASE SHALL BE IN EFFECT FROM _____ TO _____

I UNDERSTAND THAT I CAN REVOKE THIS RELEASE AT ANY TIME.

SIGNATURE

DATE