

**TUSCOLA COUNTY HEALTH DEPARTMENT (TCHD)
REQUEST TO OPT OUT OF FUNDRAISING COMMUNICATION**

Date of Request: _____

Individual's Name: _____

Individual's Address: _____

Birth Date: _____

I hereby request to receive no further TCHD fundraising communication.

Signature (Client) Date

Signature (Authorized Representative) Date

Description of Authorized Representative's
Printed authority to sign for the client: