



*Hope Scarves collects scarves & survivor stories and shares them with others in active treatment. Only your first name, city & diagnosis will be included with your story. Additional info is collected to keep in touch & let you know where your scarf & story travel as part of the Sisterhood of the Traveling Scarves.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email \_\_\_\_\_ phone number \_\_\_\_\_

Your story:

Type of diagnosis \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Age at diagnosis \_\_\_\_\_

*If helpful, use these questions as a guide. Or you can share your story in another format.*

**Tell us a little about your diagnosis, your experience facing cancer, and what brings you hope:**

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(OVER)

**What is the hardest part?**

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**Please share words of encouragement for another person facing treatment:**

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\*Please add additional pages if necessary.

*As a storyteller you will receive a Nancye Belle Signature Hope Scarf  
as a sign of our gratitude and a lasting connection to the  
Sisterhood of the Traveling Scarves.*





hope scarves

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