



My Story

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 story travels 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.

How did you find hope during your diagnosis and treatment?

(OVER)





How did you cope with the hard days?

What have you learned about life through your cancer experience?

*Please add additional pages if necessary.

As a storyteller you will receive a Nancye Belle Signature Hope Scarf as a sign of our gratitude.



2010 Cherokee Parkway, Suite 2
Louisville, KY 40204
www.hopescarve.org
888.585.HOPE

