

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 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:

(OVER)

What is the hardest part?

Please share words of encouragement for another person facing treatment:

*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®
Scarfes. Stories. Research.

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