

INFORM. SUPPORT. EMPOWER.

## Share your Story Form

## Your story matters. Share it with others.

Everyone who had to deal thyroid cancer has a story to tell. It may be difficult, may have many twists and turns, or it may be something that just came and went without too much fuss. Like the Stories of Strength in our Patient Support section – that's where your story will be posted – accessible to those who are looking for answers, encouragement or inspiration.

Name:			
Organization Name (if applica	ble):		
Address (Number and Street):			
Apt., Unit, P.O. Box #:	City:		
Prov:		Postal Code:	
Home or Business Tel #:		Cell #:	
E-Mail:			
Please complete this formula Text document/file of your An image of yourself, or sor	story (Word or pdf). Please	·	n:
Signature			

By submitting your story and files to Thyroid Cancer Canada, you have given us the permission to edit and publish it online and in our communication material. Only relevant material will be published.

## **SUBMISSION OPTIONS:**

Mail: Thyroid Cancer Canada 308 Main Street, First Floor, Toronto, ON M4C 4X7 Canada Email: info@thyroidcancercanada.org

Submissions are accepted by mail, or electronic documents by email.