

SHARE YOUR STORY

Thank you for sharing your story with us! We are grateful for the time and effort you have taken to be so open and honest about the loss of your loved one. Your experiences are meaningful to Cornerstone... our staff, our volunteers, and the thousands of clients we serve each year. Thank you also for validating the work we do by writing your grief journey for the Share Your Story program. **If we choose to use your story in one of our publications, we will call you to get your permission first, in addition to the signed release that is included below.** Know that we value your time and effort and appreciate your choice to memorialize your loved one through this writing experience. Again, thank you.

You do not need to complete each section, and you may only share what you feel comfortable. Please complete the following form, and you may also submit 4-5 photos of your loved one if you choose. If you have any questions, please call Lynne Robie at 216.524.4673 or email Lynne@cornerstoneofhope.org.

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LOVED ONES' NAME: _____

DATE OF PASSING: _____ RELATIONSHIP: _____

WHEN DID YOU USE CORNERSTONE'S SERVICES?: _____

Please check all that apply:

- Cornerstone of Hope may use my: Name Story Photos
In the following materials: Newsletters & e-newsletters Annual reports
 Annual fund requests Camp campaigns
 Brochures Social media
 Compilation of client stories Events
 Website Video

I agree that Cornerstone of Hope may use my name, story and photos (if you choose to include) in marketing materials. Please note that there is no guarantee that this will be published, and we will call you before what you share is used or published.

Signature: _____ Date: _____

1. Please begin by describing your loved one.

To learn more about our programs, please visit cornerstoneofhope.org



A CENTER FOR GRIEVING CHILDREN, TEENS AND ADULTS

5905 Brecksville Road, Independence, Ohio 44131 • 216.524.4673

1550 Old Henderson Road, E262, Columbus, Ohio 43220 • 614.824.4285

2. How did you hear about Cornerstone of Hope, and what brought you here?

3. Which service(s) did you use, and what was your experience with each of them?

4. What would you like to share with others who are grieving the death of a loved one?

5. Is there anything else you would like to share?

(Please attach additional sheets if necessary.)

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