

## CommWell Health

### 50 Stories for 50 Years

#### Story Submission Form

As CommWell Health celebrates **50 years of caring for our communities**, we invite you to share your story with us. Selected stories may be featured on our website, social media, at events, or in printed materials.

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#### Contact Information

**Name:** \_\_\_\_\_

**Organization (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone (optional):** \_\_\_\_\_

#### I am a:

Patient or Family Member

Staff Member

Provider

Board Member

Community Partner

Supporter / Donor

Other: \_\_\_\_\_

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#### Your CommWell Health Story

Please share your story or memory about CommWell Health.

Examples you might include:

- How CommWell Health made a difference in your life
- A provider or staff member who impacted you
- Why you chose to work at CommWell Health
- What community health means to you
- A meaningful memory or milestone

**Your Story:**

(Short paragraph or a few sentences)

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**Photo Submission (Optional)**

Do you have a photo you would like to share with your story?

- Yes – I will upload or email it
- No

Photo description (optional):

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**Permission to Share**

By submitting this form, I give CommWell Health permission to share my story and any photos submitted for anniversary storytelling purposes (website, social media, events, and printed materials).

- Yes, I give permission

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Submit Your Story** (click to submit)

Questions contact:

**CWHMarketing@CommWellHealth.org**