



Orange Flag Building, 104 S Freya, Suite 114 ● Spokane WA 99202 ● (509) 532-8877 ● Fax (509) 532-1375

Dear Project Access Participant,

Re: Share your Story

Please share your Project Access story with us. We would like to know how Project Access has helped you with your health care. By sharing your story you can help us to help others in similar situations to your own. All of Project Access's services are volunteered and donated. In order to keep serving our community we need to let our volunteers/contributors know how participants have benefited from participating in our program.

Enclosed is our form for sharing your story and a stamped pre-addressed envelope for you to use. If you have photographs you would like to share you can include them in the envelope as well, note photos will not be returned. If you have any questions please let me know.

Thank you in advance for sharing your story.

Sincerely,

Staff Assistant
Project Access



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Share Your Story

In the space provided below please share your story of how Project Access helped you with your health care. Telling your story will help us to help others.

Tell us about yourself:

Full Name (print)

Address

City

State

Zip code

Phone Number

Your Story (Please include what type of services you received and the impact it had to your health/life)

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May we use your name with your story, photo and comments? Yes, if so please sign below No

Signature of Release:

By signing this release you agree to allow the Spokane County Medical Society and Project Access to use your story, comments and photographs in materials, publications and promotional materials that they use to tell others about how Project Access affects health care delivery in Spokane County.

Signature

Date