

MY CANCER STORY

THIS IS HOW
MY CANCER
JOURNEY
STARTED:

THIS IS HOW
CANCER
IMPACTED
MY LIFE:

THIS IS WHAT
CANCER
DIDN'T TAKE
FROM ME:

WHAT'S
YOUR
STORY?

I have a cancer story that relates to (circle one):

- Tobacco
- Cervical Cancer
- Quality of Life
- Other:
- Breast Cancer
- Cancer Research
- Access to Care

I WANT MY LAWMAKER TO KNOW:

Name: _____ State: _____ ZIP: _____

Email: _____ Mobile Phone (optional): _____

I'd like information about volunteering _____

By providing ACS CAN my mobile number, I agree ACS CAN may contact me by mobile phone call and text message regarding ACS CAN action opportunities, events, and membership. Message and data rates may apply.

Thank you for sharing your story. We look forward to sharing ACS CAN information with you. We may also contact you about using your story and/ or name in our advocacy communications to educate lawmakers and the public. To view our complete privacy policy, or if you have any question, please visit fightcancer.org/privacy-policy.