

# Copyright Release Form

(Thank You for Sharing Your Experience,  
Strength & Hope!)

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ **Please** use my first name, last initial and  
state/province/country

\_\_\_\_\_ Please sign me “Anonymous”

\_\_\_\_\_ Please update me about future writing topic needs as the  
*Hope Heals* develops.

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