

THE MANY FACES OF LYME DISEASE

WE ARE NOT JUST NUMBERS!

State _____

County _____

Name _____

of family members with LD _____

Total cost \$ _____ Lost work/school _____

years sick _____

Address _____

City _____

State _____ Zip _____

Daytime phone _____

Tape a picture of the person with Lyme disease or the whole family here. Pets are also eligible. We can not guarantee return of the photos. But, we will try to return the picture if you include a self-addressed stamped envelope. Pictures and your story may be posted on the net.

Complete a separate form for each family member! Write in the 7" x 7" area below.

Send to: Lyme Disease Foundation

Many Faces of Lyme Disease Campaign

One Financial Plaza, Hartford, CT 06103

860-525-2000

Your story here. Instructions and explanation follows.

I give permission for the LDF to use this form in any way they deem useful

Sign _____

Date _____