



**Vascular Birthmarks Foundation
International Day of Awareness
May 15**



**Tell Your Own Vascular Birthmark Story
Guidelines**

Tell your own personal story of your journey or the journey of a loved one diagnosed with a vascular birthmark. Your story will help to raise awareness in your community by educating others about vascular birthmarks and by showing how vascular birthmarks occur in every corner of the world. It also enables others who may be newly diagnosed to find the Vascular Birthmarks Foundation. This may be the first time they find hope and you can be the one to make that happen! Welcome to our team!

By submitting your story and photo, you grant the Vascular Birthmarks Foundation permission to use your story, photo, first name, and city/state (if provided) as part of our ongoing programs to increase awareness. VBF reserves the right to accept, reject, and edit stories.

**Share your story by going to www.birthmark.org/node/353
or send an email to contact@birthmark.org**

Please have a clear digital photo in .jpg format ready to upload. Make sure that any photos are clear. VBF may edit photos to crop out backgrounds or to disguise the identity of a child, if you wish. Please save the photos with the name(s) of the people in the photo as the filename.

Please submit your story in the body of an email, Notepad, or other text format. Do **not** use pdf.

We accept stories of any length, but typical stories are 1 - 2 pages.

Remember, your story is being posted to the Internet, so be conscious of content.

Please include your contact information. This will not be made public and is only for VBF use to identify the author. We will not publicly use your last name, email, or phone number without permission.

Your Full Name
Street Address
City, State, Zip Code, Country
Phone Number
Email Address

Thank you for your support of the Vascular Birthmarks Foundation!

Signature: _____ Date: _____