



We Care. Tell Us Your Story.

We greatly value your experience with our mental health services and would be honored if you would share a testimonial about how receiving support has impacted you. Your feedback not only helps us improve how we serve the public, but also inspires and encourages those who may be considering seeking help. Thank you for contributing to our mission of spreading hope and support.

(Use back if needed)

Name: _____ Email: _____

Would you prefer to remain anonymous: Yes No | Mail to: EMHS, PO Box 88631, Sioux Falls, SD 57109

You can also share your story by email info@empirementalhealthsupport.org with the subject line **This Is My Story**, or share it online at www.empirementalhealthsupport.org/testimonials.

By submitting your testimonial, you consent to allow us to use and publish your words in our promotional materials and at events to help others understand the benefits of our services. Your privacy is important to us and your personal information will be handled with the utmost care and confidentiality.

EMPIRE
Mental Health
Support

