

Be Part of Our “Changed Lives” Project!

If ProMedica Ebeid Institute has made a positive impact on your life or helped you develop healthier habits, we would love to hear about it! Please fill out the form below to be part of our “Changed Lives” project.

Name: _____ Date: _____

Phone: _____ Email: _____ Zip code: _____

May we contact you to learn more about your story? ☐ Yes ☐ No

May we use your name and any photography or other references when sharing your testimonial?
☐ Yes ☐ No

Please share with us how the ProMedica Ebeid Institute has made a positive impact on your life:

I hereby give my consent for the use of my testimonial without compensation, to be used for educational, marketing, and/or publicity purposes.

Signature: _____

Please deliver or mail this form to ProMedica Ebeid Institute, 1806 Madison Ave., Toledo, OH 43604 or scan and email to EbeidInstitute@promedica.org