Every day, the On Lok Lifeways PACE program touches the lives of thousands of seniors throughout the Bay Area. Our loving and compassionate staff partner with families and caregivers to provide support, enabling our seniors to live in the community for as long as possible.

For forty five years, the quality of life of our families has been positively impacted in numerous ways. With your help, we would like to capture and record your memories and experiences. We’d like to share them with our community.

We invite our participants, seniors, families, caregivers and staff to share stories of how the seniors in our lives have benefited from the On Lok Lifeways PACE program. Feedback can be submitted through our website, by email or US mail, or in person at one of our centers. Once received, we will share your input on our website and other materials as a way to publicly recognize everyone’s efforts and experiences.

IF YOU WOULD LIKE TO PARTICIPATE, PLEASE COMPLETE THE BACK SIDE OF THIS FLYER.

DO YOU HAVE ANY QUESTIONS? PLEASE CONTACT US:
email: stories@onlok.org  phone: 415.292.2803
PLEASE SHARE YOUR EXPERIENCE...
WHAT DOES ON LOK LIFEWAY MEAN TO YOU?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CONSENT

This consent is valid for 3 years. You can change or end your agreement at any time prior to the end of the 3-year period from the date signed below by sending a written letter to: On Lok Compliance Officer, 1333 Bush Street, San Francisco, CA 94109. When you send in your written letter, we will stop any new use of your testimonial by On Lok Lifeways, although we cannot remove your testimonial from printed publications or videos already created. However, sometimes the photos or information may have already been given to the media or someone outside of On Lok Lifeways. In that case, we won’t be able to discontinue this use.

I GIVE CONSENT FOR MY TESTIMONIAL TO BE USED BY ON LOK LIFEWAYS:

FIRST NAME: ___________________________________ LAST NAME: ___________________________________

DISPLAY MY NAME AS: ☐ written above  ☐ anonymous  ☐ other: ____________________________

AFFILIATION WITH ON LOK:  ☐ Staff  ☐ Current On Lok Lifeways Participant  ☐ Caregiver
☐ Participant’s Family  ☐ Other _______________________________________________________

I am providing this testimonial and understand it may be used in On Lok Lifeways materials, which may include publicity, newsletters, community education, advertising, fundraising, news-gatherings, specials events, or media events. I am aware that when others read or hear the testimonial, people may know that I am affiliated with On Lok Lifeways and learn information about me.

SIGNATURE: ___________________________________ DATE: __________________________

EMAIL ADDRESS: __________________________ PHONE: ( ) ___________

PLEASE SEND IN YOUR SUBMISSIONS USING ANY OF THESE METHODS:

EMAIL: stories@onlok.org
Please remember to include your full name and phone number when submitting by email.

ONLINE: onlok lifeways.org/share-your-story
You will be contacted after your online submission is received if we require further info.

PHONE/FAX: 415.292.2803
You can leave a voicemail of your experience along with your contact info.
OR FAX TO: 415.292.2842

U.S. MAIL: Share Your Story
c/o On Lok Lifeways
1333 Bush Street
San Francisco, CA 94109