



SHARE YOUR EXPERIENCE / STORY 2011-2012



Please share an experience about how the No Place for Hate® campaign impacted you individually, or how this campaign impacted your school community.

School Name

School Coalition Sponsor Name

1) Who was involved? (Students, staff, parents, etc.)

2) [] Personal impact? [] School Community impact?

3) When did you notice the changes/ impact?

4) What happened?

5) How did your involvement with the No Place for Hate® programming contribute to this impact?

6) Supplemental materials (please include copies):

- [] Photographs (with description, including names of individuals and affiliations) [] Press release
[] PowerPoint Presentation [] Newspaper/Newsletter articles [] DVD/video tape
[] Other (please specify):

Please attach additional sheets to better describe the details of your story/ experience with No Place for Hate®.

Please send completed Share an Experience Form via fax to (303) 830-1554, or email scanned copy to Denver@adl.org, or mail to 1120 Lincoln Street, Suite 1301, Denver, CO 80203.

For more information call (303) 830-7177 ext. 214 or visit www.adl.org/mountain-states.