My COVID Story

Name (optional): _____

Please respond to any of the following questions:
How has COVID-19 impacted you?
What have you learned during the pandemic?
What inspired your design?

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(The following portion will not be displayed)

Would you like to be contacted about sharing your story with a local oral history archive?

☐ YES ☐ NO

Would you like to receive more information about future exhibitions of this project?

☐ YES ☐ NO

Email: _____ or Phone _____