



Share Your Story With Us!

First Name _____
Last Name _____
City _____
Email _____
Phone _____

Do you have a WVABLE account? _____
Do you have a family member with a WVABLE account? _____
Do you work for an organization that assists individuals with disabilities? If yes, list the organization and your job title: _____

Briefly explain your personal thoughts/experience with WVABLE (attach additional sheets of paper if necessary): _____

** If you would like to include a photo with your submission, attach it to the email or include in envelope when mailed. **

Testimonials may be used by the West Virginia State Treasurer's Office and the WVABLE program for the purpose of advertising or publicizing the program, including on social media, newsletters, the website, and other communications and advertising media.

Do we have permission to share your WVABLE experience statement for the promotional purposes listed above? YES _____ NO _____

Would you be willing to share more of your experience with WVABLE publicly?
YES _____ NO _____

If you have any questions, please contact (304) 340-5050.
Forms can be returned by email to wvable@wvsto.com or by mail to:

Roxanne Clay
WVABLE
West Virginia State Treasurer's Office
315 70th Street SE, Charleston, WV 25304