Cards for Kids

The Friends of Doernbecher Cards for Kids program is now accepting artwork for the 2014 card year. The contest is open to all current and former OHSU Doernbecher Children’s Hospital pediatric patients, their family members and professional artists. Artists who are patients or have been patients must have received treatment as an inpatient or outpatient at Doernbecher, any OHSU pediatric specialty clinic, the CDRC or the Casey Eye Institute. We will transform eight to ten original artwork pieces into a holiday or general themed greeting card. The Doernbecher Foundation will sell the cards to the public in an effort to raise money for OHSU Doernbecher Children’s Hospital. **By completing this form and submitting your artwork, you are releasing its use to the Doernbecher Foundation.**

**Entries can be hand-delivered to:**
Doernbecher Children’s Hospital
Volunteer Services Department

**OR**

**Mail to:**
Doernbecher Foundation
c/o Cards for Kids Artwork
1121 SW Salmon, Suite 100
Portland, OR 97205

**GUIDELINES FOR ART ENTRIES:**
- Art may be in any medium, i.e. painting, drawing
- Construction weight paper is recommended – 8.5” x 11” is the preferred size
- Brighter designs reproduce best, i.e. marker pens, poster paint or paper cutouts

**IMPORTANT:** Please print name and telephone number on the back of your artwork

**SUBJECT IDEAS**
- Generic designs to be used for thank you cards or party invitations
- Family scenes, animals and nature
- Seasonal and holiday landscapes, Northwest winter scenes are ideal – can be holiday specific such as Thanksgiving, Christmas, Hanukkah, Kwanza, Valentine’s Day, etc.
- Whimsical or humorous
- Bold, simple designs – lots of color

For more information, please call Carolanne Wipfli at the Doernbecher Foundation at (503) 220-8341.

*Please attach this form to your artwork entry.*

Artist’s Name: ___________________________________________ Artist’s Age: _________
Address: __________________________________________________________
City/State/Zip: _______________________________________________________
Phone: _____________________________________________________________
Email: _____________________________________________________________
Parent/Guardian Names: _____________________________________________

☐ Doernbecher Patient, treated for: _______________________________________
☐ Doernbecher family member: ___________________________________________