Cards for Kids

The Doernbecher Foundation Cards for Kids program accepts artwork year-round. The contest is open to all current and former OHSU Doernbecher Children’s Hospital pediatric patients, their family members, friends 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: OR Mail to:
Doernbecher Children’s Hospital Doernbecher Foundation
Volunteer Services Department c/o Cards for Kids Artwork
1121 SW Salmon, Suite 100 1121 SW Salmon, Suite 100
Portland, OR 97205 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, email address 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 Cassady Kennebeck at the Doernbecher Foundation at (503) 220-8344.

Please attach this form to your artwork entry.

Artist’s Name: ____________________________________________ Artist’s Age: ______
Address: __________________________________________________
City/State/Zip: ________________________________________________
Phone: __________________________ Email: ________________________
Parent/Guardian Name(s): ______________________________________
☐ Doernbecher patient, treated for: ________________________________
☐ Doernbecher family member: _________________________________
☐ Professional artist