Cards for Kids

The Friends of Doernbecher Cards for Kids program is now accepting artwork for the 2012 card year. The contest is open to all current and former OHSU Doernbecher Children’s Hospital pediatric patients and the patient’s siblings. 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 greeting card. The Foundation will sell the cards to the public in an effort to raise money for OHSU Doernbecher Children’s Hospital.

**ARTWORK DEADLINE: April 1, 2012**

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
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**
- Seasonal and holiday landscapes, Northwest winter scenes are ideal – can be holiday specific such as Thanksgiving, Christmas, Hanukkah, Kwanza, Valentine’s Day, etc.
- Generic designs to be used for thank you cards or party invitations
- Family scenes, animals and nature
- 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 □ Treat for: ________________________________________________
Doernbecher Sibling □ Family member treated for: ___________________________________________