

2008 "Kids Helping Kids" Holiday Card Project

Artist's Name: _____

Artist's Age: _____

Artist's Birthday: _____

Artist's Affiliation/Tie to MUSC Children's Hospital:

Parent/Legal Guardian's Name:

Address:

Home Phone: _____

Email Address: _____

I understand that should my child's artwork may be selected for the "Kids Helping Kids" Holiday Card Project and that his/her name, age, city and affiliation with the hospital will be printed on the holiday card. I understand my child's card will be packaged with other patient's cards and sold in the community for a 100% donation to the Children's Hospital. I also understand that the artwork may be edited for printing. I authorize permission for the reprint of my child's artwork.

Parent/Guardian Signature: _____

Date: _____

*Please return artwork and signed form to:

MUSC Children's Hospital Fund
Attn. Amy M. Gordon
59 Bee Street
MSC201
Charleston, SC 29425
843.792.3321 (phone) 843.792.8595 (fax)
gordona@musc.edu