

Moments of *Life* Art Contest



Hospice of Guernsey, Inc.
Serving Belmont, Guernsey and Noble Co.

Information Form

Artists name (s) _____

Artwork Title _____

School _____ Age _____ Grade _____

Parent/Teacher name _____ Contact phone # _____

Please check one:

We would like to pick our artwork up. If you would like to pick your artwork up it will be available at the Hospice of Guernsey, Inc. office beginning on Monday, April 27, 2015. All artwork not picked up by Friday, May 8, 2015 will be donated to patients.

We would like to donate our artwork to Hospice of Guernsey, Inc. to brighten a patient's day or to be displayed in the office.

Moments of *Life* Art Contest



Hospice of Guernsey, Inc.
Serving Belmont, Guernsey and Noble Co.

Information Form

Artists name (s) _____

Artwork Title _____

School _____ Age _____ Grade _____

Parent/Teacher name _____ Contact phone # _____

Please check one:

We would like to pick our artwork up. If you would like to pick your artwork up it will be available at the Hospice of Guernsey, Inc. office beginning on Monday, April 27, 2015. All artwork not picked up by Friday, May 8, 2015 will be donated to patients.

We would like to donate our artwork to Hospice of Guernsey, Inc. to brighten a patient's day or to be displayed in the office.