

Fill out this form and send with art work to:

**dLife's Holiday Cards for a Cause**  
dLife Foundation  
101 Franklin Street  
Westport, CT 06889

Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email (for contact purposes only): \_\_\_\_\_

Diagnosed with diabetes in what year?: \_\_\_\_\_

Age: \_\_\_\_\_

**If applicable:**

Artwork dedicated to: \_\_\_\_\_

Diabetes

connection: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to enter  
the *dLife Holiday Cards for a Cause* contest and understand everything  
stated in the contest description and rules.

\_\_\_\_\_  
Parent/guardian's signature if under age 16

**Print out this copy and include with your art entry.**

\_\_\_\_\_