



The Heart of Healing PUBLIC SCULPTURE

Mail submissions to:
ARTS FOR HEALING
c/o 1400 HIGH SCHOOL RD
SEBASTOPOL, CA 95472

CHECKLIST OF THINGS TO SEND (read Guidelines first!):

THANK YOU FOR PARTICIPATING!

1. **Object**
2. **Completed Submission Form below.**
3. **Description of object (on or with Submission Form).**
4. **Tax-deductible donation: Make check to "Arts for Healing/SRMH." (Not required if you cannot afford it.)**
A donation of \$25 or more per object is requested. Larger donations are needed & will be gratefully accepted.
Arts for Healing is sponsored by Santa Rosa Memorial Hospital Cancer Library, which is part of Santa Rosa Memorial Hospital Foundation, a 501(c)(3) not-for-profit organization.
5. **Two self-addressed, stamped envelopes if you do not give an email address.**

SUBMISSION FORM FOR OBJECTS -- Read Guidelines then fill in all blanks below and sign.
Send an ONLY an object that symbolizes an attitude, action, or situation that empowered you, or someone else, while coping with cancer.

I am donating the accompanying object, description, and photos to Arts for Healing. I relinquish all rights to their use and to all photos of the object (and photos of myself if given). I give permission for photos of this object (and myself if given); my name/city/state; & edited versions of my description to appear on Arts for Healing's websites and/or in other materials. I understand that it is possible that my object might not be used and that my object will not be returned.

I give permission / do NOT give permission for my name/city/state to be used. (Check one.)

Signature _____ Date _____
(Your signature is required. If the object donor is a minor, a parent or legal guardian must sign.)

OBJECT DONOR'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: (____) _____ EVE PHONE : (____) _____

EMAIL: _____ SEX: _____ M _____ F _____

YOUR AGE (Optional, but helpful for us to see the cross section of the population represented. If this object is given by someone under 25, please definitely give an age.): _____

IS YOUR OBJECT RELATED TO A CANCER DIAGNOSIS YOU RECEIVED? _____ Yes No _____

If No, what is the relationship to you of the person who has/had cancer? (Your father, mother, sister, brother, daughter, son, friend, co-worker, neighbor, etc.) _____

WHAT IS YOUR OBJECT? (Teacup, paintbrush, seashell, etc.): _____

DESCRIPTION OF THE MEANING OF YOUR OBJECT (What empowering attitude, action or situation does this object symbolize?) **50 WORD MAXIMUM**, may be edited. Attach typed description or print clearly below:

 _____ (continue on back)