

Tiny Toes 2017

Please fill out this form COMPLETELY and email it to SweetSistersPhotography@hotmail.com

For questions, contact Lindsay Bureaux at (209) 461-3338 or by email at Lindsay.Bureaux@dignityhealth.org. Thank you for your support!

Donor Information

Full Name of Child/Children:	
Full Name of Parent(s):	
Mailing Address:	
E-Mail Address:	
Cell Phone Number:	
Age(s) of Child/Children:	
Sitting Appointment Date:	
How did you hear about Tiny Toes?	
"Tiny Toes" Number	_____ (Will be assigned by Sweet Sister's Photography)

Payment*

Method of Payment:	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	<i>payable to St. Joseph's Foundation</i>	
Name:						
Address:		State:		Zip:		
Card #:		Exp. Date:		3-digit Security Code:		
Donation Amount: <i>\$100 per session</i>		Date Paid:				

I, _____, hereby agree and understand that Sweet Sister's Photography reserves the right to select the photo submitted to the 2017 Tiny Toes Calendar contest. The photo with the most votes (\$1/vote) will be placed on the cover and the month of their choice. **Only the overall winner will get to decide which month they would like their photo placed on.** It is up to the discretion of St. Joseph's Foundation to assign the remaining participants to the months that they deem appropriate/fitting based on picture/pose/accessories; placement will not be determined by the order in which votes are received. Following voting, one free digital image will be emailed to the address listed above. DONATIONS ARE NON-REFUNDABLE.

Signature of parent/guardian: _____

Date: _____

**Net proceeds will benefit St. Joseph's Women and Children's Services*