The Memory Project

Participation Promise

Please read the following paragraph, sign and date below, and mail this document to us. As soon as we receive it, we will send the photos so your artists can get started! We also ask your principal to sign so that she or he understands the valuable contributions your artists are making to this effort.

"We agree to submit participation fees to the Memory Project for the amount indicated on the TOTAL line below by the date that our portraits will be due. We promise to submit full payment of this amount even if our group of artists later decides not to complete some or all of the portraits. We acknowledge that this policy exists to help prevent students from backing out of their commitments to the children."

School Name: _____

$15 per portrait x #_____ portraits = TOTAL $_____

_____

Art Teacher Name Art Teacher Signature Date

_____

Principal Name Principal Signature Date

Please keep a copy of this agreement for your records and mail the original to:

THE MEMORY PROJECT
PO BOX 369
SUN PRAIRIE, WI 53590

Thank you very much for being part of the Memory Project!

A portrait of kindness
www.memoryproject.org