



Baby Calendar

Official Voting Form

Your name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone number: _____

E-mail address: _____

Baby's name: _____

Your donation: \$

Mail your donation and this form to:

**WHAS Crusade for Children
520 W. Chestnut St.
Louisville, KY 40202**



You can also vote and donate securely online at www.WHASCrusade.org and click on the photo of your baby.



Feel free to make many copies of this form for distribution to your family and friends!