

**Send a Smile Community Service  
March 1 to March 31**

**Instructions:**

1. Print out and color in the following coloring sheets. They will be sent to Color a Smile, a non profit organization that distributes cheerful drawings to people in need of a smile.
2. For every 5 colored sheets you will receive one hour of community service with a maximum of 2 hours (10 colored sheets) for the whole month.
3. **On the coloring sheets, please write your FIRST NAME ONLY.**
4. Completed coloring sheets must be returned in person by March 31 in order to receive community service.
5. You must be a SHPL cardholder in 6-12 grade.
6. Please hand in the below information with your completed sheets to not delay your community service. Community service forms will be emailed within 2 weeks.

If you have any questions, please email [youthconnection@shpl.info](mailto:youthconnection@shpl.info)

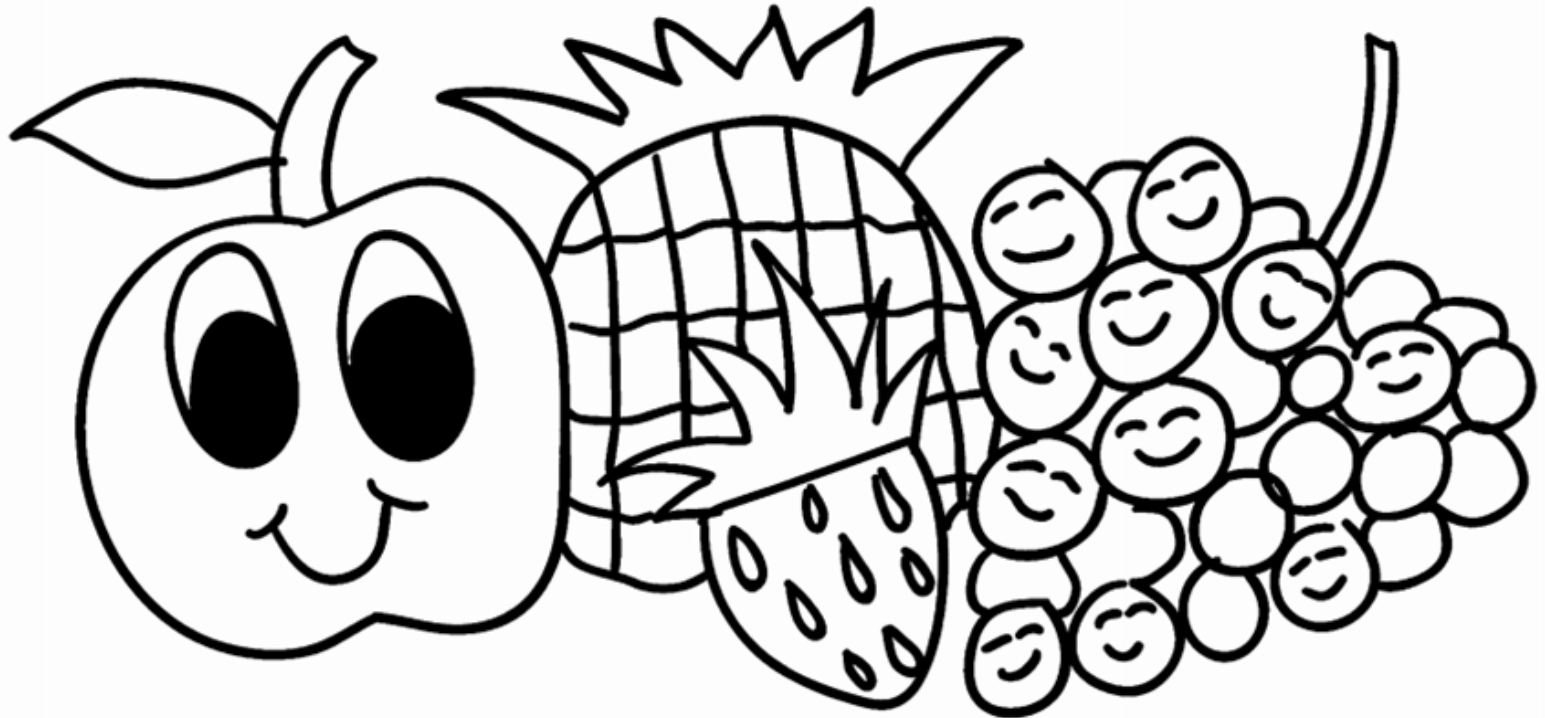
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

# BE HAPPY



NAME \_\_\_\_\_ AGE \_\_\_\_\_

**Color A Smile**

P O Box 1516

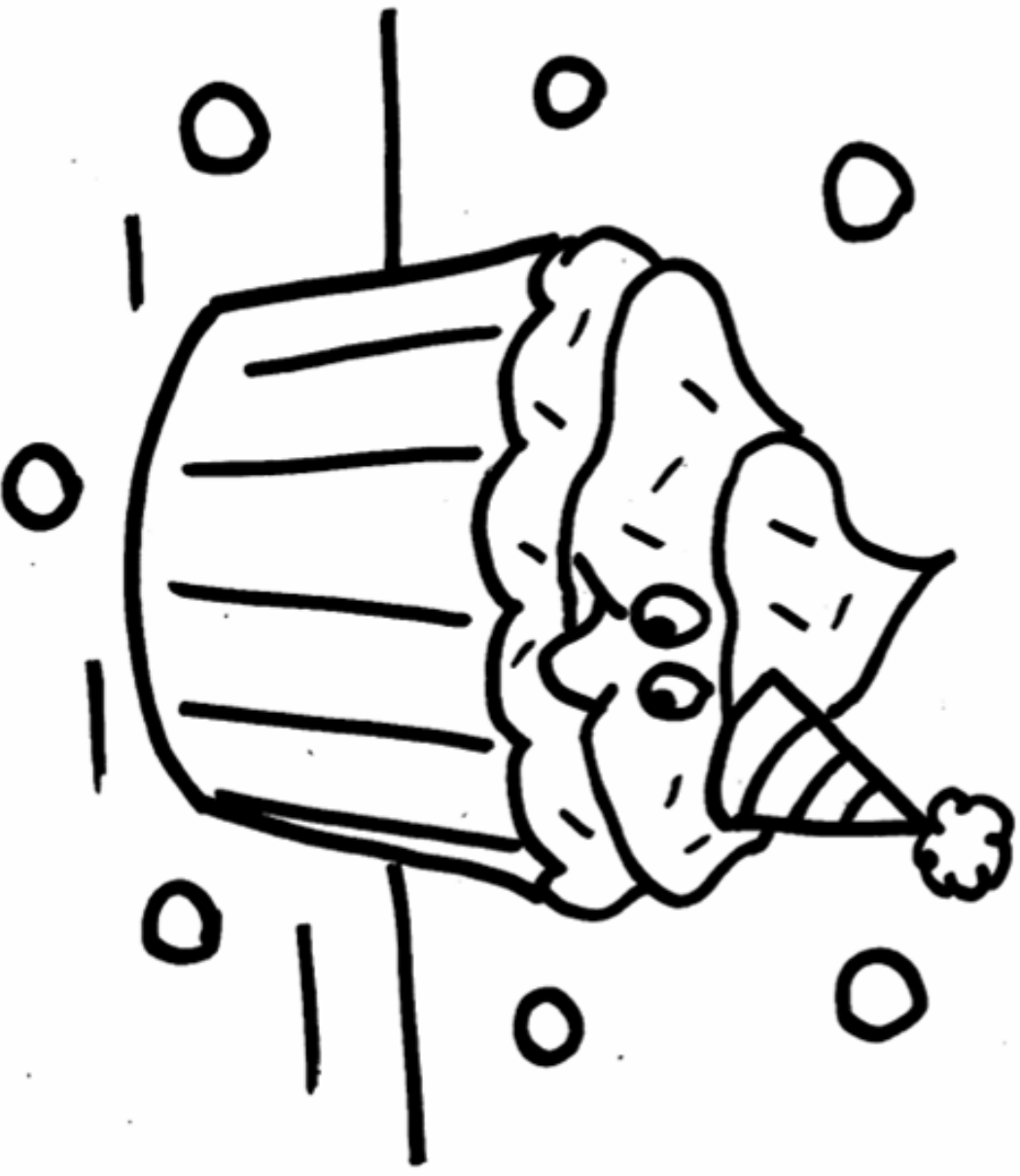
Morristown NJ 07962-1516

A non-profit organization spreading smiles with cheerful drawings.

ph 973-540-9222

[www.colorasmile.org](http://www.colorasmile.org)

# ALWAYS ROOM FOR SMILES



Name \_\_\_\_\_ Age \_\_\_\_\_

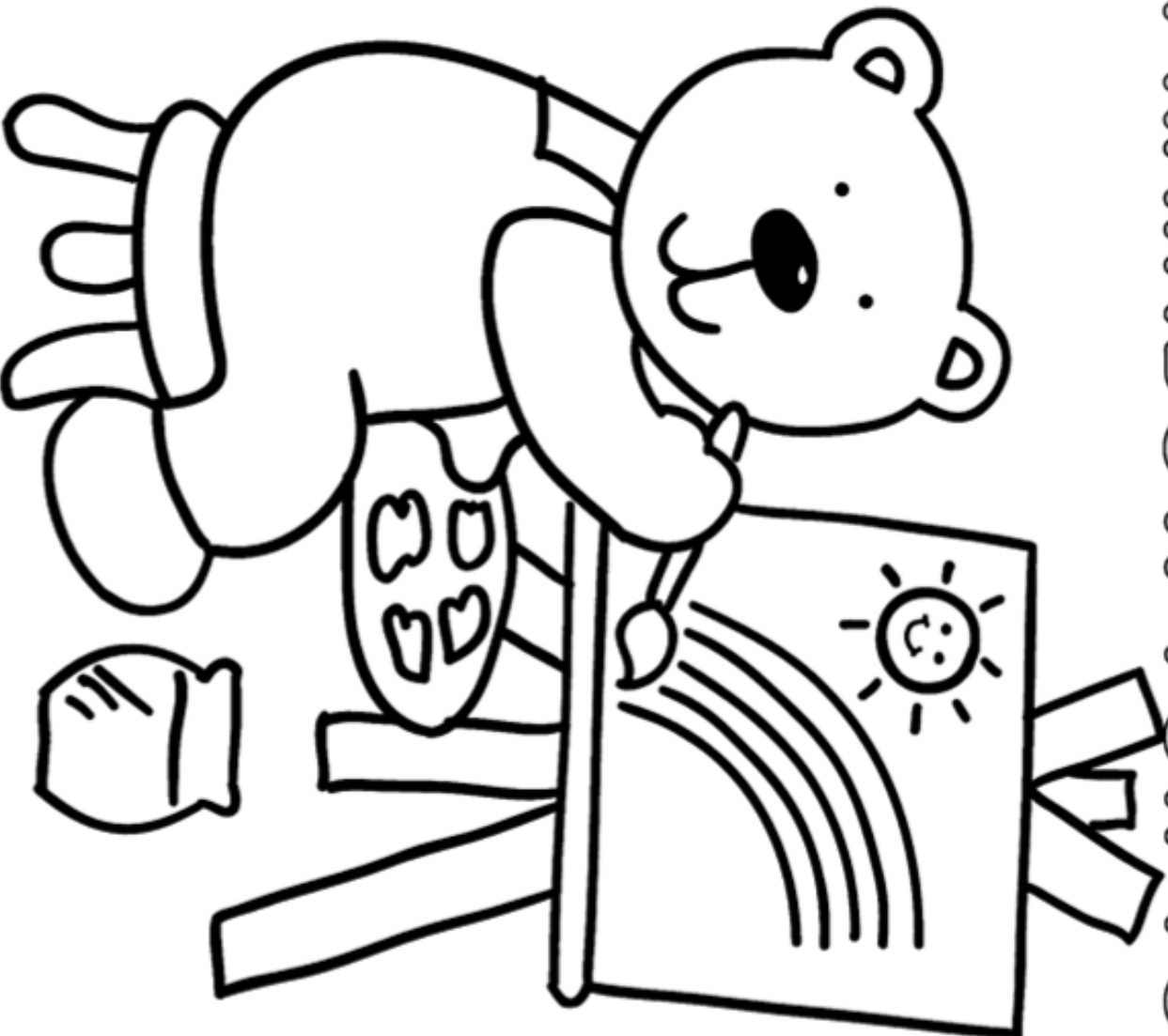
**Color A Smile** P O Box 1516 Morristown NJ 07962-1516

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# A RAINBOW FOR YOU



Name \_\_\_\_\_ Age \_\_\_\_\_

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# FLOWERS EVERYWHERE



Name \_\_\_\_\_ Age \_\_\_\_\_

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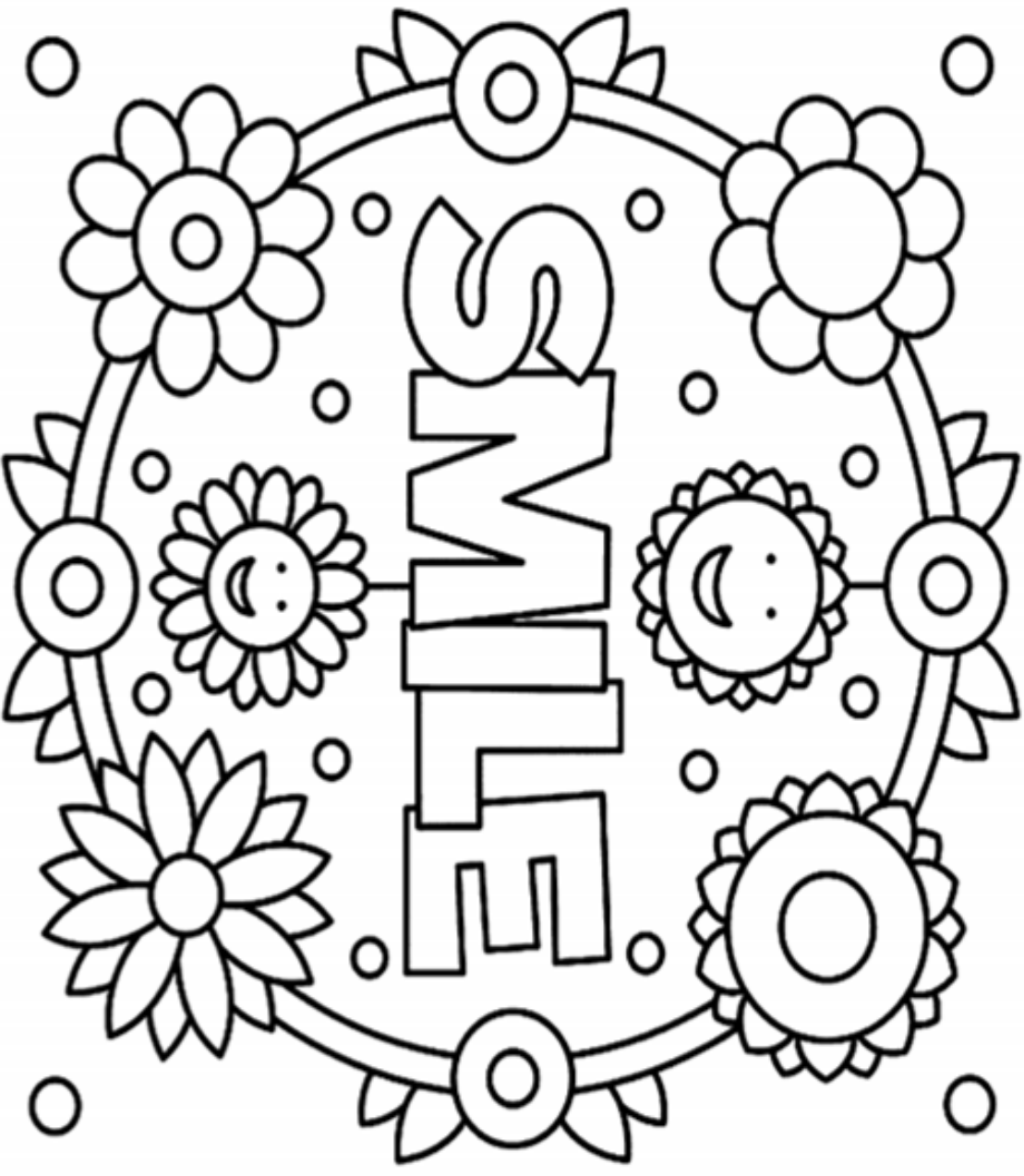
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# HAVE A GREAT DAY



Name \_\_\_\_\_ Age \_\_\_\_\_

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NAME \_\_\_\_\_ AGE \_\_\_\_\_

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P O Box 1516

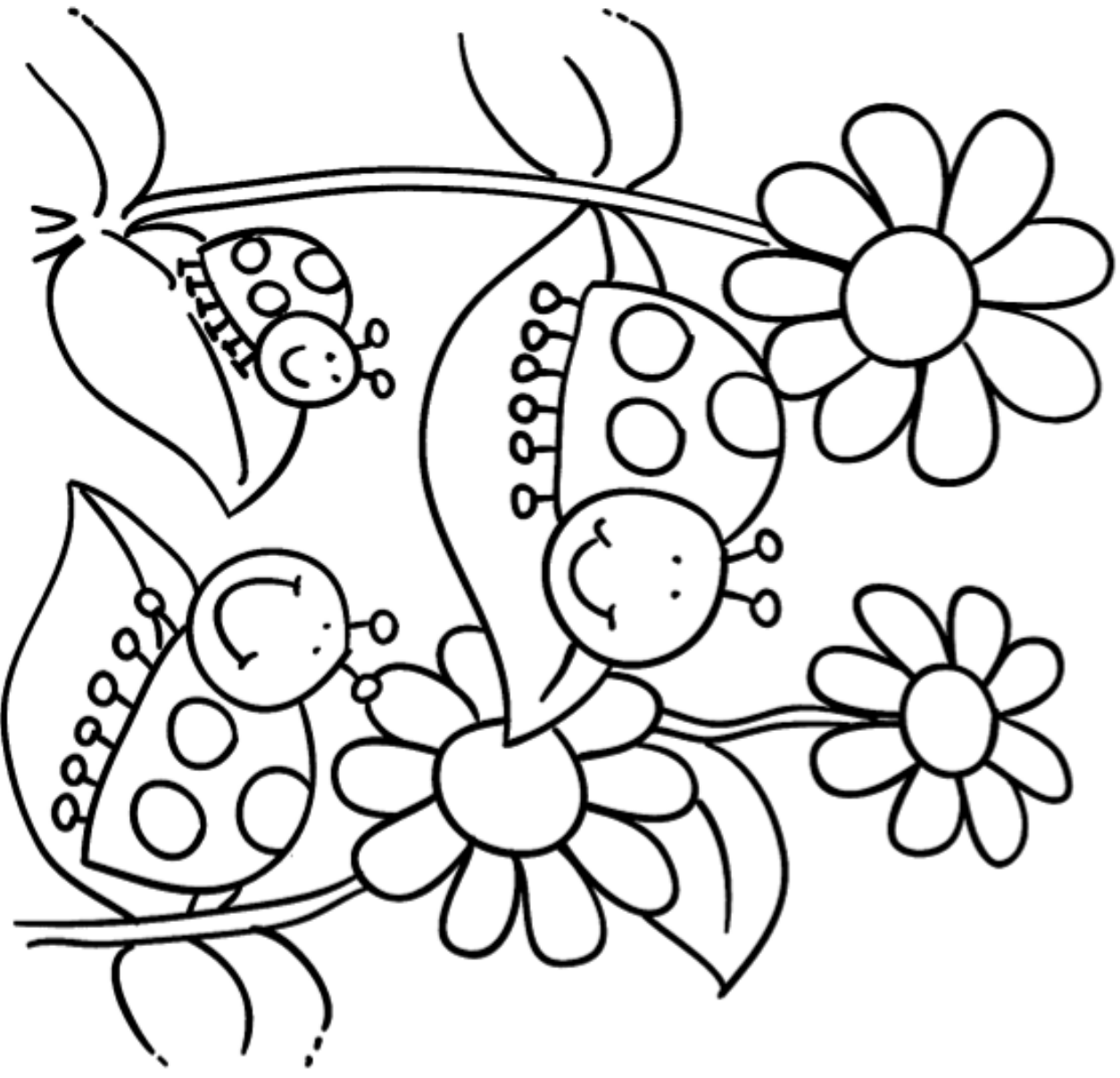
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# THESE BUGS SEND YOU HUGS



Name \_\_\_\_\_ Age \_\_\_\_\_

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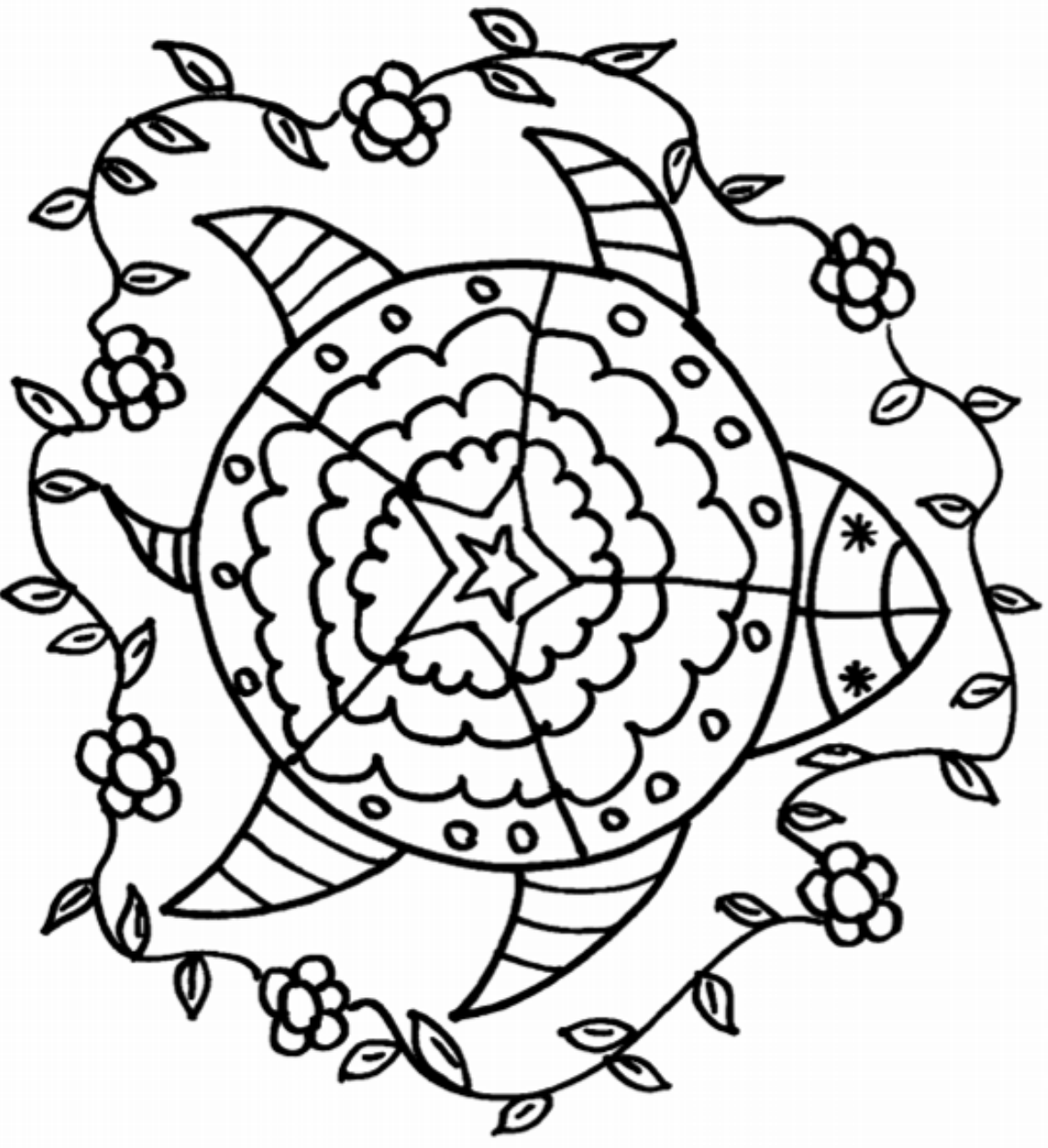
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# YOU ARE A STAR



Name \_\_\_\_\_

Age \_\_\_\_\_

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# YOU ARE A STAR



Name \_\_\_\_\_

Age \_\_\_\_\_

**Color A Smile**

P O Box 1516

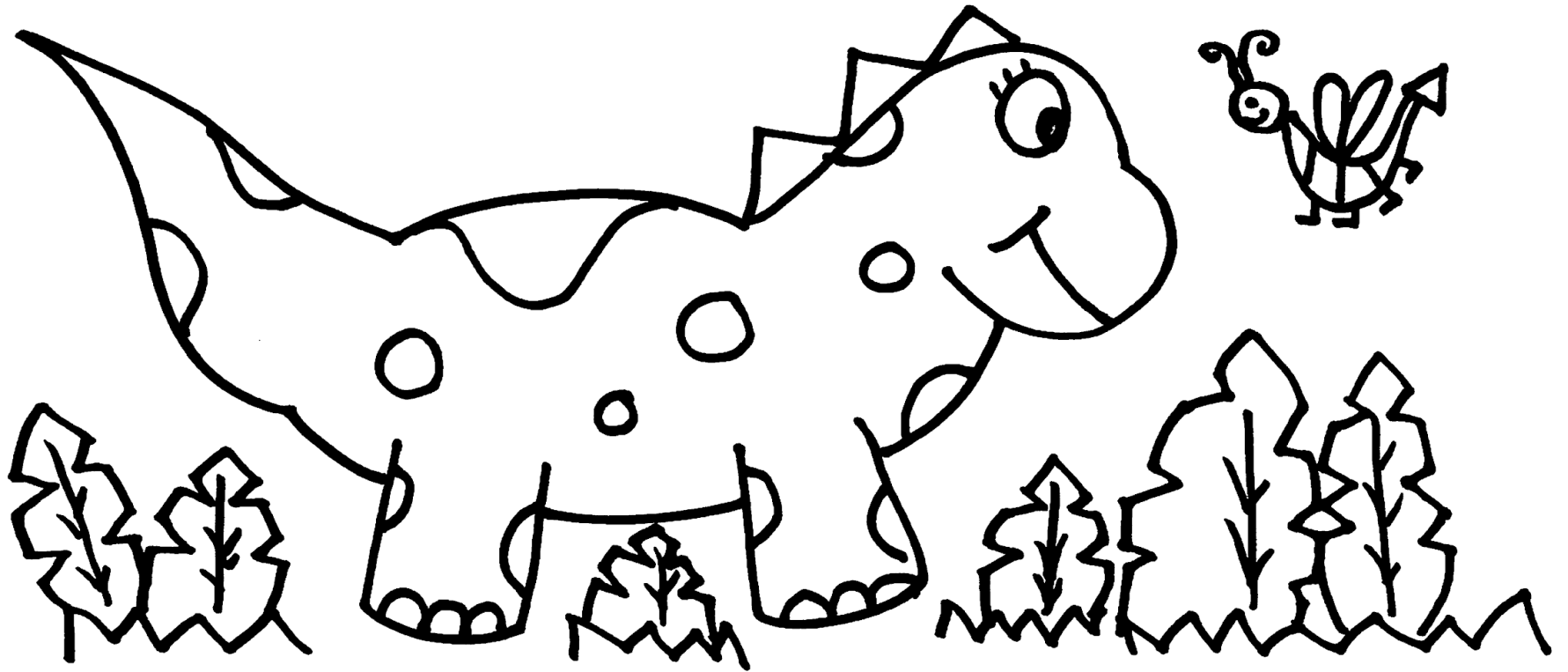
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# DON'T STOP SMILING



NAME \_\_\_\_\_ AGE \_\_\_\_\_

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