



## TESTIMONIALS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Please fill in the information as you would like it to appear on our website.

Testimonial:

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I have included a picture of my child to participate in your "Baby of the Month" section on the Little Forest website \_\_\_yes , \_\_\_no.

**PICTURES WILL NOT BE RETURNED.**

Signature: \_\_\_\_\_

Please return to the following address:

ATTN: BABY OF THE MONTH  
Little Forest  
P.O. Box 14994  
Oakland, CA 94621