Dear Educator –

I am pleased to announce that, as part of National Drug Prevention Month, the Pennsylvania Office of Attorney General will sponsor the Twenty-Ninth Annual Drug-Free Calendar Contest.

Every fifth-grade student from across Pennsylvania is invited and encouraged to submit their artwork for consideration to be in the 2026 Drug-Free Calendar. Please pass along this information to your fifth-grade teachers to have their students create an original illustration that includes a drug-free message of their choice (example: "The Best Me is Drug-Free").

Please refer to the back for official contest rules. I hope you will take this opportunity to have your students join me in encouraging others to choose a lifestyle free from illegal drugs.

Dave Sunday,
Pennsylvania Attorney General

OFFICE OF ATTORNEY GENERAL
COMMONWEALTH OF PENNSYLVANIA

Students - Win $529 for their PA529

Teachers - Win $100 gift card for school supplies

Winners and families invited to a celebration luncheon

AG Sunday will visit the cover winner's school in 2026

2026 DRUG-FREE CALENDAR CONTEST

2026
DRUG-FREE CALENDAR CONTEST

Entries must adhere to the following guidelines in order to be eligible:

- Drawings must be on white 8 ½ x 11 inch paper with a landscape orientation
- The use of copyrighted or trademarked brand names and images is prohibited
- Students may use paints, pens, pencils, crayons or any other drawing instrument
- Any entries with misspelled words will be disqualified
- Each entry must include an entry form
- All entries must be mailed to the address below, postmarked by October 31, 2025

Office of Attorney General
Calendar Contest
16th Floor, Strawberry Square
Harrisburg, PA 17120

All entries become property of the Office of Attorney General upon receipt. (Artwork cannot be returned.)

All winners' teachers and parents will be notified via email by November 14, 2025

QUESTIONS?
contest@attorneygeneral.gov or 717-574-5794

STUDENT: _____ STUDENT'S GENDER:_____

SCHOOL: _____

SCHOOL ADDRESS: _____

_____

SCHOOL PHONE NUMBER: _____ COUNTY: _____

TEACHER: _____

TEACHER
EMAIL/PHONE:_____

PARENT: _____

PARENT
EMAIL/PHONE:_____

STUDENT: _____ STUDENT'S GENDER:_____

SCHOOL: _____

SCHOOL ADDRESS: _____

_____

SCHOOL PHONE NUMBER: _____ COUNTY: _____

TEACHER: _____

TEACHER
EMAIL/PHONE:_____

PARENT: _____

PARENT
EMAIL/PHONE:_____