



ART DONATION
2017 HEArt Show
 February 25, 2017

(Please Print Neatly)

Today's Date ____/____/____

DONOR INFORMATION

| | | | | | |
|--|--|------------------------------------|----------------|-----------------------|-----------------------|
| First Name | | Last Name | | | |
| Company or Organization | | | | | |
| Mailing Address | | City | State | ZIP Code | Cell Phone No. () |
| Email Address | | | Fax No. () | Work Phone No. () | |
| No. Items to be donated | | How did you hear about this event? | | | |
| How would you/your company like to be listed in the program? | | | | | |

ARTWORK INFORMATION

* Please note – donated artwork may be priced at a discount by HEArt Show Director.

| | | | |
|----------------------------|--|---------------------|--|
| Title of Donated Artwork: | | | 100 % Donation |
| Artist | | | |
| Description: | | | |
| Artwork Type/Medium: | | | |
| Suggested Selling Price \$ | | Value of Artwork \$ | Is this piece larger than 4' or heavier than 30 lbs? |

Please attach any relevant paperwork relating to artwork.

AUTHORIZATION:

I attest that I am the sole owner of the artwork described above. I authorize Healing Through Expressive Arts, Inc. to display and sell my artwork at the **HEArt Show on February 25th, 2017**. I understand that the money collected will be donated to the 2017 HEArt Show. I agree that any unsold artwork not claimed by March 6, 2017 will become the property of Healing Through Expressive Arts, Inc.

 Donor Signature

 Date