



ART DONATION FORM

Please return this form by Jan. 6, 2018 to
Kalana Bartmess at artforcreston@gmail.com or by post:
c/o Artisan Dental Lab, 2532 SE Hawthorne Blvd., Portland, OR 97214

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Website if applicable: _____

We ask that items are delivered, or a pick-up arranged, no later than Jan. 13th.

If your piece requires special handling or set-up instructions, please contact:

Kalana Bartmess at artforcreston@gmail.com to coordinate.

Artist's Name: _____

Title: _____

Medium: _____

Year: _____ Dimensions: _____

Fair Market Value: _____

Brief Description of Artwork: 2D 3D _____

Artist's Bio: _____

By signing below, I am directly donating to The Friends of Creston Children's Dental Clinic Art Auction Benefit with no expectations of payment. I will receive a tax-deductible receipt after the auction. **The Friends of Creston Children's Dental Clinic Fed ID #32-0300896**

Signature: _____ Date: _____