

65 Roses® Art Gallery

Artwork Donation Form

YES! I will donate artwork to the 65 Roses® Art Gallery!

All artists will be listed in our Gallery description paperwork. Please complete the following section, which will enable us to print your information correctly.

Artist Name: _____

Gallery Name: _____

Artist Biography (150 word limit): _____

Artwork Description: _____

Retail Value: _____

Please complete the following logistical information, for internal purposes.

ARTIST CONTACT INFORMATION:

Address: _____

Phone: _____ E-mail: _____

Website: _____

Delivery / Pick-Up Details for Donation: _____

Delivery Date: _____

Comments: _____

~~PLEASE RETURN COMPLETED FORM TO:~~

Cystic Fibrosis Foundation • 7445 Morgan Road • Liverpool, NY 13090

Fax: 315.463.8221 • E-mail: central-ny@cff.org

Questions? Call us at 315.463.7965