# GALLERY OF GIFTS CONSIGNMENT FORM 2017 *page ___ of ____*

**NAME:**

**Your payment will be sent to the mailing address listed here. An address must be given on at least the cover page of your consignment forms. THANK YOU.*

**MAILING ADDRESS:**

**PHONE:** **EMAIL:**

*PLEASE READ ALL CONSIGNMENT INSTRUCTIONS BEFORE FILLING OUT THIS FORM. THANK YOU!!*

***Place a CHECK MARK in the column next to any"Purple Tag Items."*** *Sold "Purple Tag Items" will be a 100% donation to the LAC.*

| Purple Tag? | CHECK IN | CHECK OUT | RETAIL PRICE | Artist's Initials | ITEM NUMBER | QTY. | Item Description |
|---|---|---|---|---|---|---|---|
| | | | *$36.00* | *JAS* | *001* | *10* | *Earrings* ***(*EXAMPLE LINE*)*** |
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