



GALLERY OF GIFTS CONSIGNMENT FORM 2018 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 RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**

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.

			RETAIL PRICE	Artist's Initials	ITEM NUMBER	QTY.	Item Description
↓	<input type="checkbox"/>	<input type="checkbox"/>	\$36.00	JAS	001	10	<i>Earrings</i> (*EXAMPLE LINE*)
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
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