GALLERY OF GIFTS CONSIGNMENT FORM 2019

page ___ of ____

Library Arts Center Gallery & Studio

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.*

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