

WellsFest Art Night Donation Form 2019

ARTIST

Name _____

Address _____

Phone # _____

Email _____

ARTWORK

Title _____

Medium _____

Description _____

Value \$ _____ (Please include \$ value)

If there is a reserve price on your artwork, please state the amount. \$ _____

Wells recognizes the need of some artists to receive a percentage of the final bid price on their artwork. We will give the artist up to 50% of the final bid. Please state your wishes below.

_____ I wish to donate my artwork with no compensation.

_____ I wish to receive a % of the final bid price of my artwork

(circle one) 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Receipt

Date received _____

Wells Contact Name _____

Phone # _____

Delivery/Pick-up Arrangements _____

**NET PROCEEDS FROM WELLSFEST ART NIGHT WILL BE DONATED TO THIS YEAR'S
BENEFICIARY, EXTRA TABLE.**