

POSTCARDS from the edge

Visual AIDS
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COLLECTOR'S COPY

• THIS INFORMATION WILL BE PROVIDED TO THE BUYER AT TIME OF PURCHASE •

PLEASE PRINT CLEARLY

ARTIST: _____

TITLE OF ARTWORK: _____

MEDIUM: _____

STATEMENT (OPTIONAL):

CONTACT INFORMATION (OPTIONAL):

ARTIST OR GALLERY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL/WEB: _____

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VISUAL AIDS COPY

• THIS INFORMATION IS FOR VISUAL AIDS RECORDS ONLY •

**PLEASE PRINT CLEARLY - so that we spell your name
correctly in all promotional materials**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

TITLE OF ARTWORK: _____

IMPORTANT - PLEASE READ AND CHECK OFF

If my work is **NOT SOLD** (please check one):

- You do **NOT** need to send back. Please keep, donate or give away.
 Please send back. I have enclosed a 6"x9" self addressed, stamped envelope.

If my work is **SOLD** (please check one):

- You do **NOT** need to contact me.
 Please contact me by EMAIL.
 Please contact me by MAIL.

CHECKLIST - Please be sure you have done the following:

- Enclose your 4" x 6" postcard size artwork. Only ONE artwork per artist.
- **SIGN** and **PRINT NAME** on the **BACK ONLY** - Indicate the top with an arrow.
- Carefully package artwork to prevent damage. **DO NOT** wrap wet or sticky artwork.
- Complete and enclose both **Collector** and **Visual AIDS sides of this form.**
- If you would like your **UNSOLD** artwork returned, enclose a 6"x9" SASE (see above).
- If you need confirmation that we received your artwork, please send a self-addressed, stamped postcard with your submission.
- Any additional cash or check donation you enclose is greatly appreciated.
- Mail everything back, postmarked by **Monday, December 3, 2018** to:

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526 West 26th Street #510
New York, NY 10001

please cut >