



ART DONATION FORM

Information provided will complete the file on your donation to SCC's permanent art collection.

Please provide as much accurate detail as possible. Thank you for your gift!

Date of Gift: _____ I am: ___ the Artist ___ the Donor (check all that apply)

Donor Name: _____

Artist Name: _____

I agree to allow SCCACC to make reproductions of donated art for fundraising &/or promotion purposes. ___ Yes ___ No

Signature: _____

Donor Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Fax Number: _____ Website: _____

Artist's birthyear and city/state: _____

Artist's connection to Iowa: _____

Artist's current address: _____

Is Artist an SCC/BJC/KCC alum? ___ Yes ___ No If Yes, Year(s) _____ & circle the location.

Is Donor (if not Artist) an SCC/BJC/KCC alum? ___ Yes ___ No If Yes, Year(s) _____ & circle location.

Title of the artwork: _____

Date(s) artwork was created: _____

Where was art created? (e.g., studio, in the field, etc.): _____

Dimensions (HxW) of the work: _____ Is it framed/ready to install? ___ Yes ___ No

If No, what do you recommend (i.e., type matting, frame, glass?) _____

List all materials/media used: _____

Comments regarding the art: _____

Estimated value: \$ _____

Please include/attach any personal history, resume, news clippings, or other information that would provide details about Donor/Artist &/or the donated work of art: _____