

Please complete and return with your work(s) to:

Cumberland Health Care Foundation, 19428 Hwy 2 RR6, Amherst NS B4H 1N6 - Fax 902 667 6029

ARTIST INFORMATION	
Full Name:	
Home Phone: ()	Alternate Phone: ()
E-mail Address:	
Total Number of Pieces Submitted	
Date of Submission / Delivery:	

Item #1				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	

Item #2				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	

Item #3				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	

Item #4				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	

Item #5				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	
Item #6				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	
Item #7				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	
Item #8				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	
Item #9				
Title:	Medium	Price	Date Received	Initials of Receiver
			Date Returned	Initials of Artist
Buyer Name	Foundation Cheque #	Amount of Cheque	Date Sold	

NOTE 1: a copy of this completed form should be retained by the Artist when submitting work to the Foundation. If you do not have access to a copier / fax machine, the Foundation will be please to provide you with a copy as part of the art in-take process.

NOTE 2: if you are submitting more than 9 pieces please complete an additional submission sheet.

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