



526 W 26th Street Suite 510 New York, NY 10001
T 212 627 9855 info@visualaids.org www.visualaids.org



Post Office Use

COLLECTOR'S RECORDS

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

ARTIST: _____

TITLE OF ARTWORK: _____

MEDIUM: _____

STATEMENT (OPTIONAL): _____

CONTACT INFORMATION (OPTIONAL): _____

ARTIST OR GALLERY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL/WEB: _____

Please cut



Post Office Use

VISUAL AIDS RECORDS

• THIS INFORMATION IS FOR VISUAL AIDS RECORDS ONLY •
PLEASE PRINT

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 Record forms.
- 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 \$ donation you enclose is greatly appreciated.
- Mail everything back, postmarked by **WEDNESDAY, DECEMBER 10, 2008** to:

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