Gifts of Art Submission Form

CONTACT INFORMATION

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: ( ) Email:

ARTWORK DESCRIPTION

Materials, dimensions and scope of proposed work:

Estimated Value of Artwork: $_____

PLEASE NOTE: A professional appraisal is required for artwork valued at $5000 or more to be eligible for a tax deduction.

Visuals: Please attach photographs, sketches, jpg files or web address

PLEASE NOTE—submission materials will not be returned

Framing/Display requirements:

SEND MATERIALS TO

Children's Hospital Boston
Attn: Art Coordinator
Facilities Management
300 Longwood Avenue
Boston, MA 02115

Art for Kool Kidz
The Art Program at Children's Hospital Boston

Phone: (617) 355-ARTS (2787)
Fax: (617) 730-0638 (Attn: Jessica Finch)
Email: jessica.finch@childrens.harvard.edu