



ART DONATION FORM

Information provided will complete our records on your donation to SCC's permanent art collection.

Please provide as much detail as possible.

Thank you for your gift! SCC students, employees and visitors will benefit from your generosity.

Date: _____ I am: ___ the Artist ___ the Donor (check one or both)

Donor Name: _____

Artist Name: _____

Donor Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Fax Number: _____ Website: _____

Artist's birth year and City/State: _____

Artist's death year (if applicable) and City/State: _____

Artist's connection to Iowa: _____

Artist's current address: _____

Artist is an Alum: ___ Yes ___ No If Yes, Campus: _____ Date range: _____

Donor is an Alum: ___ Yes ___ No If Yes, Campus: _____ Date range: _____

Title of the artwork: _____

Date(s) artwork was created: _____

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

Dimensions (HxWxD) in inches: _____ x _____ x _____

If No, what do you recommend (i.e., for type matting, frame, glass, pedestal, etc.):

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:

I agree to allow SCCACC to make reproductions of donated art for fundraising &/or promotion purposes: __Yes __No

Signature: _____

Please return completed form to:

Southeastern Community College Art Collectors Club

1500 W. Agency Road, West Burlington, IA 52655

Phone: 319-208-5065 ~ Toll Free: 1-866-722-4692 ~ Email: foundation@sccciowa.edu

www.sccciowa.edu