



## 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.):

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List all materials/media used:

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Comments regarding the art:

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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:

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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](mailto:foundation@sccciowa.edu)

[www.sccciowa.edu](http://www.sccciowa.edu)