

Art Donation Release Form

Title of Art: _____

Size: _____ Media: _____

Value of Piece: _____

Artist Name: _____

Opening Bid Amount
to be determined by
The Art League of CC

Title of Art: _____

Size: _____ Media: _____

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Yes, I, _____ wish to donate my
Exhibited art pieced(s) as indicated above for the June 2024 Art Gala
to the Art League of Cheatham County to be placed in the Live Auc-
tion with 100% of the proceeds to benefit the Art League and Scholar-
ships.

I further agree and understand that if my donated art does not sell in the auction, it will remain the property of the Art League of Cheatham County for future programs and/or sales. If my artwork(s) sells, I agree with whatever amount the bid may have won. I also understand that I will receive a total of ONE Raffle Ticket for my donation(s). Winners are selected at random and have no bearing on the age of the artist or value of the art donated.

Signature: _____ Phone: _____

Email: _____

Date: _____

Art League of Cheatham County Board Representative Acceptance Signature