



# Mental Health Benefit 2010 DONATING ARTIST INFORMATION CARD

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Artist #: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Artist Bio (for use on website):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the back of this card, please provide the description of your artwork that you would like us to use when we publish information about it on our website [www.fightthestigma.com](http://www.fightthestigma.com).

Item Number: \_\_\_\_\_

Description:

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Item Number: \_\_\_\_\_

Description:

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