Artist Donation

Artist Name:		
Business Name (if applicable):		
Phone Number:		
Email Address:	@	
Snail Mail Address:		
Title of Artwork:		
Estimated Value:		
Does your piece have a story? If so, we'd	love to include that w	ith your artwork:
Are you a survivor or sexual violence?	⊐ Yes □ No	□ Decline to answer
Can we identify your name with your arty (If no, we will assume you would like to re		□ No

Thank you so much for sharing your time and talents with us. Silverleaf is honored to present your artwork. Proceeds from this fundraiser will be going directly back into our agency and communities. The funds will assist other survivors heal and THRIVE!

- Jillian Carden, Psy.D. Executive Director