

Southern Lehigh Public Library

**COMPLETE FORMS ATTACH TO BACK OF WORK
PLEASE PRINT**

ARTIST _____

STREET _____

CITY _____

ZIP _____ **PHONE** _____

TITLE _____

MEDIUM _____ SIZE _____

SALE PRICE \$ _____ OR

VALUE, IF NFS \$ _____

IMPORTANT
INFORMATION FOR CATALOGUE

ARTIST _____

STREET _____

CITY _____

ZIP _____ **PHONE** _____

TITLE _____

SALE PRICE \$ _____ OR

VALUE, IF NFS \$ _____

GALLERY RECEIPT

DATE _____

RECEIVED BY _____

**Please make sure that you have given your
phone number.**