

## **Artwork for Consideration**

## **Donation Agreement**

The Halton Healthcare Services Art Council will consider artwork listed in this application for donation. Not all works submitted for review will be accepted into the Halton Healthcare Services Art Collection. Only applicants whose work has been selected for donation will be contacted.

## **Description of Artwork(s)**

Artist Name:	
Titl	: Medium: Medium: Artwork: Insurance Value: work stored? (Please provide address and contact information)
Dat	e Created:
Size	(HxWxD): Medium:
Cor	dition of Artwork:
Acc	uisition Date: Insurance Value:
Wh	ere is the work stored? (Please provide address and contact information)
	ne artwork packaged/crated? Y  N
	you able to deliver the work to the hospital? Y \(\sigma\) N \(\sigma\)
	litional Information Attached: Y N N
	litional Information use note any specific information to be included in the artwork label(s).
	Yes, I require a tax receipt.
	No, I do not want my name publicly shared as a donor to the Hospital Art Collection.
	Yes, I have read, understand and agree to the terms outlined in the New Oakville Hospital Art Council Policy and Procedure.

Halton Healthcare Services makes no representation as to the nature or amount of any tax benefits or consequences, which may accrue, to the Donor as a result of this donation. The Donor is advised to consult an independent tax advisor for information in this regard. All donated items will be insured with Halton Healthcare. (To be approved April 2015)