

Life Changes, Inc. First Annual Gala

Artist Submission

Artist Name: _____

Artist Email Address: _____

Artist Phone #: _____

Brief description of your piece (what medium are you using, etc.): _____

Descriptive narrative about you and your piece for the event program and marketing materials. Be brief and remember this description will be used to further your own artistic endeavors:

Beginning Bid. Keep in mind that 20% of your sales will go to support the Life Changes programs: \$ _____

Please be prepared to provide any stands or easels that are needed to display your work.

If you would like to attend the event, be sure to reserve your seat and purchase your tickets early at www.LifeChangesInc.solutions