

South Mississippi AIDS Task Force

# *Bid for Life 2008*

## ARTIST INFORMATION SHEET

Please print and fill out completely

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

Donor (if not the artist) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

(cell): \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Donation:

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

Value: \_\_\_\_\_

\_\_\_\_ Will be delivered to: \_\_\_\_\_

\_\_\_\_ I will bring to Artists' Party

**DEADLINE FOR DONATIONS IS AUGUST 11, 2008.**