



# POLLY'S PLACE ARTIST CONTRIBUTION FORM

## CONTACT DETAILS

ARTIST NAME	
ARTIST REPRESENTATIVE (if necessary)	
EMAIL	
PHONE	
POSTAL ADDRESS	

ARTIST BIO OR STATEMENT (tell us about your connection with autism and yourself as an artist)

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## PAYMENT WHEN ITEMS SELL

Provide details in one of the categories for your preferred method of payment

BACS	NAME ON ACCOUNT	
	ACCOUNT NUMBER	
	SORT CODE	
CHEQUE	PAYABLE TO	
	POSTED TO	
PAYPAL	EMAIL ADDRESS WITH YOUR ACCOUNT	

## INVENTORY SUPPLIED

ITEM	QTY	SKU (Office Use Only)	COST BACK TO ARTIST	RETAIL PRICE (Office Use Only)

Continued overleaf

CONTACT [mo.wilson@theautismtrust.org.uk](mailto:mo.wilson@theautismtrust.org.uk) WITH ANY QUESTIONS

