



PAINTING LABEL

(As you want it to appear on painting ID card)

FIRST NAME:

LAST NAME:

PAINTING TITLE/COLOR:

MEDIUM:

Acrylic

Watercolor

Oil

Pastel

Multi-media

Other _____

PRICE:

NFS

\$ _____ . _____

CONTACT EMAIL OR PHONE:

() _____ - _____

COPY – RETURN FOR FILE REFERENCE

1530 Fairfield Avenue

O: 318-227-8611

Email: cindy@goksm.com



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