

**BROWSE BIN / CARDS / OTHER**

**(PLEASE PRINT)**

ARTIST NAME: \_\_\_\_\_ MEMBER: YES NO  
(LAST NAME, FIRST)

ADDRESS: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DONATION OPTIONS: (MINIMUM) 50% \_\_\_\_\_ 75%) \_\_\_\_\_ 100% \_\_\_\_\_**

**THE ABOVE PERCENTAGE WILL BE DONATED TO**

## SAN JORGE CHILDREN'S HOSPITAL, SAN JUAN, PUERTO RICO

**ARTIST WILL RECEIVE ANY NET BALANCE.**

## T.R.A. IS WAIVING ALL SALES COMMISSIONS.

**DESCRIPTION OF ITEMS ( PLEASE LIST SEPARATELY)**

NUMBER	ITEM	PRICE
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[illegible]

NUMBER	ITEM	PRICE
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**PRICE**