**Consignor Code \_\_\_\_\_\_\_\_\_\_\_\_**



***“Helping Others Help Themselves…”* since 1887.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***To set up records for the preservation of our non-profit status, and periodic review of the Internal Revenue Service, it is necessary to ask the following questions:***

My age range is: 18-35 \_\_\_\_\_ 35-50 \_\_\_\_\_\_ 50-65 \_\_\_\_\_\_ 65-80 \_\_\_\_\_ Over 80 \_\_\_\_\_

Race or Ethnicity for which you identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran of the Armed Forces: YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_

Is your annual Household Income less than $52,200: \_\_\_\_\_\_\_\_

Are you currently employed: YES \_\_\_\_\_\_\_\_\_; Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_\_\_\_\_

Do you identify as Disabled? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

Reason for consigning:

Generate Income: \_\_\_\_ Doctor recommended for therapy: \_\_\_\_ Promote Craftsmanship \_\_\_\_\_\_

Homebound/Handicapped \_\_\_\_\_ Desire to Showcase my Art/Hand-crafted creations \_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you consigned with us in the past (if so, month/year of 1st consignment) \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***“I have read and agree to abide by the requests made on the Consignment Agreement Form.”***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*All information disclosed will remain secure and confidential*