



Artist Confirmation Form
Faces For LifeTM
www.facesforlife.org

PLEASE PRINT:

Artist Name_____

Address_____

City/State_____ Zip_____ E-mail_____

Work Phone _____ Cell Phone_____

_____ I will provide my own artistic creation.

_____ I will paint the ceramic mask provided. We will mail you a mask within one week of receiving this confirmation form!

Tell us your reason(s) for supporting Puget Sound Blood Center:

Please sign below and mail or fax to:

Puget Sound Blood Center
Attn: Kim Clough
921 Terry Ave.
Seattle, WA 98104

Fax: 206-292-8030

Reply requested by July 15, 2005

Signature

Date