

DEAN • ELLIOTT • POLZIN

September 15, 2017 • Jackson, WY

Draw will take place at 3:30 pm

Please email to your salesperson, legacy@legacygallery.com or fax to (307) 739-9606.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit Card: _____ Exp: _____ CSV: _____

Name on Credit Card: _____ (must match entry name)

SALESPERSON: _____

PAINTING #1

Artist: _____
Title: _____ Price: _____

PAINTING #2

Artist: _____
Title: _____ Price: _____

PAINTING #3

Artist: _____
Title: _____ Price: _____

PAINTING #4

Artist: _____
Title: _____ Price: _____

PAINTING #5

Artist: _____
Title: _____ Price: _____

By signing this I am agreeing to have a Legacy Gallery representative enter my name into the draw for the Dean • Elliott • Polzin show on September 15, 2017. If my name is drawn I agree to purchase the piece for the amount stated. If my name is drawn, \$2,000 will be run on my credit card and the balance will be due by check.

Signature: _____ *Date:* _____

