



Victims • Outreach • Intervention • Counseling • Education

HEART WORKS
Our VOICE 13th Annual Survivors Art Show
Exhibited Item Form

Name: (as you would like it to appear in the program) _____

(You may also remain anonymous)

Individual Contact Name: (if different) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____ **Website:** _____

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Medium: ___ Visual - Type (painting, sculpture, drawing, etc.): _____

___ Performance-Type (song, spoken word, poetry, etc.): _____

Item Description/Personal Comments:

.....

Are you interested in selling your piece? _____

If so, would you like to make a donation to Our VOICE? ___ Amount: _____

Signature: _____ **Date:** _____

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The Board of Directors, staff, and volunteers at Our VOICE would like to thank you for sharing your piece of art as part of the 13th Annual Survivors Art Show. By exhibiting your work, you are bringing awareness to the issue of sexual assault and opening conversations that can lead to the healing of others.

We thank you for your courage and willingness to share.

Our VOICE, Inc.
44 Merrimon Avenue Suite 1
Asheville, NC 28801
(828) 252-0562
www.ourvoicenc.org

In pursuit of a community free from sexual violence, Our VOICE serves all individuals in Buncombe County affected by sexual assault and abuse through counseling, advocacy, and education.

Office Use Only: Piece checked in by: _____