



WIN AN ORIGINAL PAINTING

SUPPORT ART IN LOCAL SCHOOLS



1 *Creek*
Oil, 10" x 8"
Alison Paul



2 *A Vase's Vices*
Mixed Media, 10" x 8"
Cree Scudder



3 *Hot Diggity Dog*
Oil, 12" x 9"
Brenda York



4 *Daddy's Shirt Makes a Good Smock, -* Oil, 10" x 8"
Bronle Crosby



5 *Elementary School, 8:06am*
Photo Encaustic, 10" x 8"
Maite Benito Agahnia



6 *Les Métaphores*
Enamel on Wood, 12" x 8"
Theresa Vandenberg Donche

Each of the Art6west artists has generously donated an original painting (shown above) to benefit ArtReach. View the originals during the Passion6 exhibit at the India Street Gallery, 2165 India Street, San Diego 92101 from February 10 to February 20, noon to 6 pm. **Raffle forms available in the gallery and online at www.artreachsandiego.org. Learn more about the Art6west artists at www.art6west.com.**

Buy tickets to win one or all of the originals! Here's how:

- Tickets are \$20 each or 3 for \$50
- Proceeds benefit ArtReach, a non-profit program that provides visual art education workshops in K-6 schools throughout the county.
- Must be 18 or older to participate.
- Enter as many times as you like, for as many paintings as you like.
- Winner will be drawn at 6 pm on February 20th. You need not be present to win.
- Winner will be contacted via phone and/or email.
- Void where prohibited.

Complete form and place order by February 16

Order by Phone
619.615.1092
Monday - Friday
9 am - 5 pm

Order by Fax
619.615.1099
24 hours a day

Order by Mail
734 W. Beech Street
Suite 100
San Diego, CA 92101

Please indicate number of tickets for each piece of art. Please Print Clearly. Numbers correspond to each painting:

1 (Paul) _____ **2** (Scudder) _____ **3** (York) _____ **4** (Crosby) _____ **5** (Agahnia) _____ **6** (Donche) _____

Total Number of Tickets _____ (\$20 each or 3 for \$50) **Total:** \$ _____

Name: _____ Date: _____

Type of Payment (Check one): **Visa** **Mastercard** **Check** Payable to: "ArtReach"

Credit Card #: _____ Exp. Date: _____ CVV# (last 3 digits on back of card): _____

Billing Address (please include City, State, and Zip): _____

Phone Number: (_____) _____ Email: _____