CONFIRMATION OF DONATION

Full Name:

Date of Birth:

Country:

ID number:

I,signed below,hereby declare that (in case they are selected for participation in the Biennial of artwork on paper)I give my work(s), stated in the table below, to the Museum of Kozara.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Title | Dimensions | Technique | Year |
|  |  |  |  |  |
|  |  |  |  |  |

Date:

Signature: