



St. Luke's Wood River Fine Art Collection

The St. Luke's Wood River Foundation is fortunate to have a fine art collection thanks to community generosity. The SLWR Fine Art Collection greatly enhances and enriches the hospital environment for patients, visitors, staff and volunteers.

St. Luke's Wood River's art collection comprises over 200 pieces of fine art. The collection is an array of contemporary art including paintings, photographs, and sculptures generously donated to the medical center or on long-term loan from local art collectors. Certain works of fine art are gifted with the intention of raising funds through their sale to support specific funding priorities. We are fortunate to receive such timeless, highly valued and moving pieces of fine artwork.

Artists

We proudly maintain a rotating art exhibit that features local artists. The exhibit is rotated twice a year. To have your art featured in the hospital please contact: Annie May, amayartservices@icloud.com or (208) 721-1854.

Donations of Art

Donations of art are greatly appreciated. To ensure that our art collection is in the spirit of healing, all potential art donations are reviewed by the Art Committee prior to acceptance and display. Please complete the Deed of Art Form on the reverse side and attach an image of the artwork in your application. If you are approved by the Art Committee, our curator Annie May will be in touch regarding next steps.

Please note the following:

- *If the value of the art is \$5,000 or more, the IRS requires an independent appraisal of the art.*
- *If you are an artist donating art, the IRS limits the estimated value of the art piece to cost of the materials utilized in creating the art.*

For more information about our collection or to donate art, please contact Hannah Howe, at 208.727.8416.

**ST. LUKE'S WOOD RIVER MEDICAL CENTER
DEED OF GIFT FOR ART WORK**

_____, herein called the Donor, residing at _____ hereby
irrevocably and unconditionally gives and assigns to St. Luke's Wood River Medical Center, all
of the Donor's right, title and interest in and to the following artistic property or properties.

ARTIST (if known)	TITLE, NAME Or description of object	MEDIUM	SIZE	ESTIMATED VALUE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

St. Luke's Wood River Medical Center will have the ownership of the said property including without
limitation, full powers of management, display, conversation and disposition in its sole
discretion and in exercise of its general corporate purposes.

I agree to all statements made in this "Deed of Gift of Art Work".

Donor Signature

Date

Accepting for St. Luke's Wood River Medical Center:

Name

Date

Please complete this form with an attached photo and email your application to howeha@slhs.org or mail it to St. Luke's Wood River Foundation P.O. BOX 7005 Ketchum, ID 83340.