

Appraisal Information Form for Old, Vintage, Antique Quilts

Present Quilt Owner Name _____

Street Address _____

City, State, Zip Code _____

Phone _____

Email _____

Your Family's name for this quilt _____

How did you acquire this textile?

Maker(s) of quilt if known

Location where quilt is thought to have been made (Town, State, or Area)

Significant factors the appraiser should know _____

Please attach a check for \$30 made out to Kimberly laquinta and bring with your quilt for appointment

Kimberly laquinta, 811 Buena Vista Ave, Arnold, Maryland 21012

yourquiltappraiser@gamil.com or 443-458-2348