

TO BE CONSIDERED FOR ACQUISITION

Your items will not be considered for donation unless this form is fully completed. You may use the back of this form if you run out of room.

Name:		Date:
Street Address:		
City	State:	Zip:
Preferred Phone:	Secondary Phone:	
Email Address:		
Are you a museum member?		
Is the physical object in the museun ITEMS CAN ONLY BE LEFT AT THE MUSEUM I		
Items to be considered (include obje	ect count when possible and de	scription):

How are these items related to our region?

How did you come to own these items?

Intended Collection: _____

Form Received By:

Potential Donor Signature:

Date:	

Date: _____