

Accession # _____

MATERIALS DONATION FORM
Heritage Museum of Northwest Florida
115 Westview Avenue
Valparaiso, Florida 32580
(850) 678-2615

DONOR'S NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Description (Please provide detailed information or known history pertaining to the item):

DONOR PLEASE READ AND INITIAL:

____ Materials are donated for possible addition to the collections. Items which are not added may be disposed of through exchange, donation or other means as provided under Museum policies.

____ The Museum assumes no responsibility for estimating the value of gifts, or for preparing detailed inventories of the contents of gifts consisting of more than two individual items. Donors may, at their option, include inventories and estimates of value as part of the records of donations.

DONOR Signature: _____ DATE _____

Museum Signature: _____ DATE _____

Print Name/Title: _____

Museum Signature: _____ DATE _____

Print Name/Title: _____

cc: DONOR