

Object Donation Form

Legal Name of Donor:	Date:	
(Please Print)		
Address:	City:	State:
Zip: Phone 1: :	Phone 2:	
Email:	Staff Initials A	Accepting Donation:
By these present, I,	Tri-Cities Historical Museum by w t) to the object(s) listed below. Fur and complete right to offer then	rthermore, I affirm that I own m to the Tri-Cities Historica
Donor Signature:		Date:
Staff Signature:		Date:
In the event that this gift is declined, I acknowledge retain all rights, title and interests to the object any part of this gift is declined, please:		
Return the Gift Do Not Re	eturn the Gift Conside	er Gift for Education/Prop
Description of the Gift (Please include as much information as possible but the more valuable the artifact becomes.)		. The more information we have
Approximate date: or unknov	vn Formerly used by:	or unknown
Local relevance:		
How obtained:		
How obtained:		
Description of donation:		

		(If more space is needed, please ask the staff for additional form to attach.)	
		(in more space is necessary, preuse ask the stain for additional form to attach,)	
		For Staff Use Only	
Acquisiti	on Cı	riteria (check all that apply):	
oe Prope	erly St	o Our Mission and Collection Goal Has Exhibit or Research Poten cored, Protected, and Preserved Fills an identified gap, replaces a epresents a necessary duplication	
accept d	ecline	Collections Committee Member	Date
		Board Member:	
		Board Member:	
		Board Member:	
		Community Member:	
		Community Member:	
		Community Member:	
		Collections Curator:	
		Exhibits Curator:	
		Eduation Curator:	
Accepted	d As A	Artifact:	
Per	rmane	ent Collection Born Digital Artifact	

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Donor Name:	
	(First, Last)

Itemized List of Objects in the Donation:

Itemized List of Objects in the Donation:



Donor Name:	
	(First, Last)

Itemized List of Objects in the Donation:

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