

# Donation Form

Tri-Cities Historical Museum  
200 Washington Ave.  
Grand Haven, MI 49417

Name of Donor: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Staff Member Accepting Donation: \_\_\_\_\_

By these present, I \_\_\_\_\_ irrevocably and unconditionally give to the Tri-Cities Historical Museum by way of gift, all rights, title and interests (including copyright and trademark) to the object(s) listed below. Furthermore, I affirm that I own said object(s) listed below and have good and complete right to offer them to the Tri-Cities Historical Museum. I acknowledge that the Tri-Cities Historical Museum reserves the right to determine if and/or when an accepted gift will be exhibited.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In the event that this gift is declined, I acknowledge that the Tri-Cities Historical Museum will continue to retain all rights, title and interests to the object(s) listed below unless I request said object(s) be returned.

If any part of this gift is declined please: Return the Gift \_\_\_\_\_ Do Not Return the Gift \_\_\_\_\_

Sell in Museum Gift Shop \_\_\_\_\_

## Description of the Gift

(Please include as much information as possible but if unknown, please circle that option. The more information we have the more valuable the artifact becomes.)

Approximate date: \_\_\_\_\_ or unknown Formerly used by: \_\_\_\_\_ or unknown

How obtained: \_\_\_\_\_

Description of object: \_\_\_\_\_

Local relevance: \_\_\_\_\_

Additional comments/details: \_\_\_\_\_

\_\_\_\_\_