



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

All information that must be filled out

Name of donor: _____ Date: _____
(Please Print)

Mailing 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 a 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 check one option:

Return the gift _____

Do not return the gift _____

For Staff and Collection Committee Member Use Only

The donation must meet one of the following criteria:

Relates to our mission and collection goals

Has exhibit or research potential

Can be properly stored, protected, and preserved

Fills an identified gap, replaces an inferior example, or does not represent an unnecessary duplication

___ Accept ___ Decline Board Member: _____ Date: _____

___ Accept ___ Decline Board Member: _____ Date: _____

___ Accept ___ Decline Board Member: _____ Date: _____

___ Accept ___ Decline Community Member: _____ Date: _____

___ Accept ___ Decline Community Member: _____ Date: _____

___ Accept ___ Decline Community Member: _____ Date: _____

___ Accept ___ Decline Collections Curator: _____ Date: _____

___ Accept ___ Decline Exhibits Curator: _____ Date: _____

___ Accept ___ Decline Education Curator: _____ Date: _____

