



HOLLAND MUSEUM DONATION FORM

Donor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ Email: _____

If all or part of this offer is declined, the owner requests that object(s) listed should be:

_____ returned to owner _____ offered to Museum's education collection _____ disposed of by Museum

If declined by the education collection the owner requests that object(s) listed should be:

_____ returned to owner _____ disposed of by Museum

DESCRIPTION & HISTORY OF OBJECTS OFFERED

DATE OF VOTE: _____

1. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

2. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

3. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

FOR OFFICE USE ONLY

Accession #: _____

Page _____ of _____

4. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

5. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

6. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

7. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____

8. _____

FOR OFFICE USE ONLY

Accept: _____

Decline: _____

Final Vote: _____ Tier: _____