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. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

FOR OFFICE USE ONLY
Accept: __________________________
Decline: _________________________
Final Vote: _____________ Tier:____

FOR OFFICE USE ONLY
Accept: __________________________
Decline: _________________________
Final Vote: _____________ Tier:____

FOR OFFICE USE ONLY
Accept: __________________________
Decline: _________________________
Final Vote: _____________ Tier:____

FOR OFFICE USE ONLY  Accession #:_______________ Page ______ of _______