

DONATION FORM

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

Museum of the Islands recognizes your generous donation of:

\_\_\_\_\_  
\_\_\_\_\_

Who gave: \_\_\_\_\_

VALUE: \_\_\_\_\_ AGE: \_\_\_\_\_

CONDITION: \_\_\_\_\_

\_\_\_\_\_

Provenance, or location of the historical object, where artifact or other ancient item was found.  
HISTORY OR INTERESTING FACTS ABOUT ARTIFACT, DOCUMENT OR PICTURE:

\_\_\_\_\_  
\_\_\_\_\_

Donar Sign: \_\_\_\_\_

Donar Print: \_\_\_\_\_

Donar Address: \_\_\_\_\_

Donar Phone: \_\_\_\_\_

Curator Approved:

Yes

No

Accepted by: \_\_\_\_\_ Title: \_\_\_\_\_

MOTI

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