

# Donation Form

Excelsior Springs Museum & Archives, 101 E. Broadway, Excelsior Springs, MO 64024  
(816) 630-0101 www.esmuseum.com

**Accession No.**

**This is to acknowledge receipt of the items listed below by the Excelsior Springs Museum & Archives**

## Donor Information

|          |        |        |       |
|----------|--------|--------|-------|
| Name:    |        | Date   |       |
| Address: |        |        |       |
| City:    | State: | Zip:   |       |
| Work #   | Home # | Cell # | Fax # |
| Website: |        | Email: |       |

## The items listed below are left in the custody of the Museum to be considered as:

An Unconditional donation. The Museum reserves the right to keep, lend, or otherwise dispose of the donated items.

To be considered for acquisition

For other. Please specify \_\_\_\_\_

## Disposition if not accepted for acquisition:

Donor will pick up

May be sold to benefit the Museum

Please dispose of or destroy

## Items and Description

## Connection to Excelsior Springs

## Signatures

|  |       |
|--|-------|
| <b>Donated by:</b><br><br>Donor acknowledges that he/she has read and approved of the Acquisition Policy of the Museum | Date: |
|--|-------|

|                     |       |
|---------------------|-------|
| <b>Received by:</b> | Date: |
|---------------------|-------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>Approved by:</b>  |                      |                      |
| <br><br>             | <br><br>             | <br><br>             |
| #1 Sign & Date Above | #2 Sign & Date Above | #3 Sign & Date Above |

|                         |      |
|-------------------------|------|
| Thank You Note Sent by: | Date |
|-------------------------|------|