



Artifact Donation Intake 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:	

This Museum preserves items of significance to our local history upon review and approval by the Selection Committee. If accepted, the item becomes Museum property. Please check if you accept the following terms, and sign and date below.

An Unconditional Donation. The Museum reserves the right to keep, lend, or dispose of the donated items as deemed appropriate. Please check below to indicate disposition preference.

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

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Connection to Excelsior Springs

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Signatures

Donated by: Donor acknowledges that he/she has read and approved the terms for acquisition or disposition.	Date:
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Received by:	Date:
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Approved by:		
#1 Sign & Date Above	#2 Sign & Date Above	#3 Sign & Date Above

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