



Artifact Donation Intake Form

Excelsior Springs Museum & Archives

101 E. Broadway, P.O. Box 144, Excelsior Springs, MO 64024
(816) 630-0101 www.esmuseum.com emuseum101@gmail.com

Accession #

Holding Bin #

This is to acknowledge receipt of the items listed below by the Excelsior Springs

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

Donated by: Donor acknowledges that he/she has read and approved of the Acquisition Policy of the Museum	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

Thank You Note Sent by:	Date
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