

Artifact Donation Agreement

Donor:	Phone Number:
Address:	Email:
Description of Object:(Attach Photograph, if desired)	
conditions to the Blairstown Museum, I sole owner of the artifact, and have ever artifact will become the sole property of that they want. I agree that this artifact	deliver the above-described artifact forever and with no nc. (the "Museum"). Prior to making this gift, I was the ry legal right to donate it to the museum. I agree that the the Museum, to use in any ethical and professional way act may be made available for research, reproduction, the requirements of the Collections Management Policy of
Signature	-
Print Name	Date:
and states that the artifact will be hel Collections Policy of the Museum. The	in hereby gratefully accepts the artifact described above d, displayed and administered in accordance with the ne Museum reserves the right, at its sole discretion, to fted artifact in any manner it shall deem appropriate in the Museum was founded.
Signature	_
Print Nama	Date:
Print Name	