

The Historical Society of the Phoenixville Area

204 Church Street
Phoenixville, PA 19460

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E-Mail- hspa@verizon.net
Web Site- www.hspa-pa.org

DONATION

Acknowledgement & Transmission Record

Please print- To be filled out by Donor/Agent.

Donor/Source _____ DATE: _____

Address _____

City/State _____ Zip _____

Agent _____ Phone: _____

Original Owner _____

Relationship to Donor: _____

MATERIAL: (e.g. papers, book, photographs, artifact, etc.)

Description of Donation(s): _____

I do hereby unconditionally give, grant and convey the item(s) above described to the **Historical Society of the Phoenixville Area** to be administered with its established policies. *(Policy states HSPA reserves the right to display, restrict access to, lend, or transfer such items and to liquidate any non essential items with proceeds going directly into the museum account).* The Society shall have absolute rights and control of all items so donated, and title to the said property shall remain with the Society under the following condition.

- No Reservations** - absolute gift with no restrictions *(see policy above)*.
- Reservations** - on loan or restrictions as listed below *(If a permanent or extended loan the donor must establish succession rights and duration. The museum will in no way be responsible for items on loan. Insurance coverage and liability remains with the donor)*

The Society reserves the right to decline any donation at its own discretion.

Signature of Donor/Agent _____ Date: _____

Signature of Receiver: _____ Date: _____

Accession Number: _____ Date: _____