**REQUEST TO DONATE**

*Please fill out all required fields (\*) and any additional information that applies to your donation.*

\*First & Last Name: Click or tap here to enter text.

\*Phone Number: Click or tap here to enter text.

\*Email Address: Click or tap here to enter text.

\*Permanent Address: Click or tap here to enter text.

(Street Address)

Click or tap here to enter text.

(City) (Province) (Postal Code) (Country)

# Please Complete the Information Below:

These details will help us determine if the object(s) fit the West Parry Sound District Museum’s collection policy.

\*How many items are included within your donation? Please enter a number. Detailed object list on page 2.

Click or tap here to enter text.

\*Does each object have a connection to or provenance in the West Parry Sound District?

Yes, all have a connection to the West Parry Sound District’s past

No, there is no connection to the West Parry Sound District’s past

Unsure, I do not know the provenance of the item(s)

Some do, but not all

\*Was each object made/produced in the West Parry Sound District, or was it owned by someone who resided in the District?

Click or tap here to enter text.

\*Please describe the historical significance of the object(s)

Please include any known details about the history and story of the object(s) such as: date made, owners, usage history.

Click or tap here to enter text.

\*How did you come by the object(s)? Were they purchased new, used, inherited, or found, including where (if known)?

Click or tap here to enter text.

\*Why do you wish to donate the object(s) to the West Parry Sound District?

Click or tap here to enter text.

I have attached photographs of the item(s) I wish to donate:

Yes or  No

\*I have the legal authority to donate the object(s) described above:

Yes or  No

**\*DETAILED OBJECT LIST**

Please use the space below to list all artifacts & archival documents within the donation.

|  |  |  |  |
| --- | --- | --- | --- |
| Object Name: Click or tap here to enter text. | | | Maker/Artist/Author: Click or tap here to enter text. |
| Approx. Date: Click or tap here to enter text. | Approx. Size: Click or tap here to enter text. | | Title (if applicable): Click or tap here to enter text. |
| Material/Medium: Click or tap here to enter text. | Restricted Access:  Yes or No | | General Condition:  Excellent  Good  Fair  Poor Unstable |
| Object Name: Click or tap here to enter text. | | | Maker/Artist/Author: Click or tap here to enter text. |
| Approx. Date: Click or tap here to enter text. | | Approx. Size: Click or tap here to enter text. | Title (if applicable): Click or tap here to enter text. |
| Material/Medium: Click or tap here to enter text. | | Restricted Access:  Yes or No | General Condition:  Excellent  Good  Fair  Poor Unstable |
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| Material/Medium: Click or tap here to enter text. | | Restricted Access:  Yes or No | General Condition:  Excellent  Good  Fair  Poor Unstable |
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| Material/Medium: Click or tap here to enter text. | | Restricted Access:  Yes or No | General Condition:  Excellent  Good  Fair  Poor Unstable |

*Is your request comprised of 7+ items? Please complete additional Detailed Object List found on Donating Artifacts page.*