



Monrovia Historical Museum Foundation, Inc.
742 E. Lemon Ave., Monrovia, CA 91016
(626) 357-9537

**DONATION FORM (Artifacts)
TRANSFER OF OWNERSHIP**

DONOR's FULL NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ PHONE#: _____

OWNER OF ARTIFACT (if other than yourself): _____

WHAT IS THE OWNER OF THE ARTIFACT'S AFFILIATION OR CONNECTION TO MONROVIA?

HOW DID YOU (or the owner of the artifact) ACQUIRE THESE ITEMS (e.g., purchased, inherited, etc.)?

DESCRIPTION ARTIFACT(S) – include dates (approximate is acceptable), size, color & other info. Please use back page if more space is needed:

DO YOU HAVE HISTORICAL OR BACKGROUND INFORMATION ABOUT THESE ARTIFACTS?
Please use back page if more space is needed:

Terms of Gift

It is understood by the Donor and by the Monrovia Historical Museum that there are no conditions or limitations attached to the gift, and that the Monrovia Historical Museum will have the right to decide when, where, whether, and how the gifts will be used, held, disposed of, or displayed.

Upon the execution of this document by the Donor and by the Monrovia Historical Museum, the contribution shall be deemed to be completed and unconditional and unqualified title shall have been transferred to the Monrovia Historical Museum.

Donor Signature: _____ Date: _____

Museum Representative: _____ Date: _____