



Niagara History Center  
215 Niagara Street  
Lockport, New York 14094-2605  
716.434.7433 fax 716.434.3309

### Donation Form

Donor Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Donor Phone: \_\_\_\_\_

Donor Email: \_\_\_\_\_

Source (if different from donor): \_\_\_\_\_

In memory or honor of (circle one): \_\_\_\_\_

Description and history details of items (who used, dates, etc.)

Where did it come from? \_\_\_\_\_

Who used it? \_\_\_\_\_

Description of the item(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of Item(s): Excellent  Good  Fair  Poor

#### Certificate of Gift:

Donations are reviewed by the Collections Committee for final approval. If your donation is **not** accepted into our collection, do you want it returned to you? Yes  No

Copies of the Collections Policy are available for your perusal, was this offered? Yes  No

#### Deed of Gift:

I hereby unconditionally give and set over to the Niagara County Historical Society the property described above to be used, displayed or disposed of by said society in its unrestricted discretion.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received for NCHS by: _____	Date _____
Temporary Custody Number: _____	Donor ID Number _____
Date of Acknowledgement: _____	Accessioned? Yes ___ No ___ DoG letter sent _____
Accession Number: _____	Date of Accession _____ DoG returned _____