1491 'E' Street – P.O. Box 1437, Williams, California 95987
(530) 473-2978 • sacvalleymuseum@frontiernet.net

Receipt of Potential Gift

Date: _____

Name: _____ Phone #: _____

Owner's Name (if different):_____

Address: _____

Organization/Institution:_____

Please describe the object/objects you would like to donate to the Sacramento Valley Museum: *Attach inventory if necessary*

How and when did you acquire them? ☐ Purchased ☐ Found ☐ Gift ☐ Made ☐ Other

Please provide details of who created the objects in the collection: *Attach separate sheet if necessary*

To your knowledge, were they made or used in Colusa County or the Sacramento Valley? Explain briefly:

Are there any copyright restrictions that would restrict the Museum from using or reproducing images in the collection?

Have you or other family members made previous donations to the Sacramento Valley Museum?

☐ Yourself ☐ Other family member/s_____

Please use the back of this form to provide additional details. Include any relevant names, places, dates, etc. to assist staff in determining whether objects are suitable for addition to our collection. The Museum Director will contact you at the earliest opportunity to discuss your potential donation.

Thank you for your consideration!

Signature: _____ **Date:** _____