

Excelsior Springs Museum & Archives
101 E. Broadway
Excelsior Springs, MO 64024
816-630-0101

Accession _____
Catalogue No. _____
Classification _____

Donor's Name _____
Address _____
Phone _____

DEDICATION OF GIFT

I/We, the undersigned _____,
do hereby avow, swear and state that we are making a donation to the Excelsior Springs
Museum & Archives, a non-profit corporation of Excelsior Springs, Missouri, of certain items
hereinafter described, with the understanding that we are conveying to said museum, all
of our right, title, and interest in said items, and that they are not redeemable or returnable
and may be disposed of as the museum deems fit and proper.

Date _____

Witness: _____

Witness: _____

Name of Item: _____

Age of Item: _____

Description: _____

History of Item: _____

Person accepting item for Museum: _____

Date: _____

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