

# GIFT AGREEMENT FORM

Donor Name (Please Print)		Accession #:
Address		Date accessed:
City, State, Zip		
Telephone	Email	

**Please describe each item and include relationship to Iroquois County if any:**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

My signature below confirms that I am the legal owner of the above listed objects and have the authority from family and heirs to donate them to the Iroquois County Historical Society. If the Iroquois County Historical Society (ICHS) accepts the items, I transfer complete ownership without restriction to the society. ICHS may administer the property in any way it deems fit, including reproduction rights in any medium.

ICHS has been collecting items for over fifty years in order to help preserve the history of Iroquois County. Space has become limited in the museum so if some of the items within this gift are not considered suitable for retention, i.e., a duplicate of what we have or a lack of connection to Iroquois County, by the Accession Committee, the Donor authorizes the items to be:

**MUST CHECK AND INITIAL ONE:**

**RETURNED TO THE DONOR.** *If some or all items are not accessed you will be notified at the email or telephone number you provided. We will need to hear from you in 30 days from date of notification otherwise said items will be discarded at the discretion of ICHS.*

**DISCARDED AT THE DISCRETION OF ICHS**

Donor's Signature: \_\_\_\_\_ Date donated: \_\_\_\_\_

Museum Representative: \_\_\_\_\_ Date: \_\_\_\_\_