Donor ID#:_____

Temporary Custody Receipt

Veterans Memorial Hall and Museum 211 N. Main Street
Rockford, Il 61101

This is to acknowledge receipt of the items listed below by the Veterans Memorial Hall and Museum from:

Name: _____ Date Received: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Work#: _____ Home#: _____ Cell#: _____

Website: _____ Email: _____

The items listed below are left in the custody of the Veterans Memorial Hall and Museum to be considered as:

☐ An unconditional donation. The Museum reserves the right to keep, lend, or otherwise dispose of the donated material.

☐ To be considered for acquisition.

☐ For other, please describe: _____

Disposition if not accepted for accession:

☐ Source will pick up ☐ Please dispose of or destroy ☐ May be sold to benefit Veterans Memorial Hall and Museum

Items left for excess of 90 days with no contact between donor and staff will become sole property of the Museum

Items and Description

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Donor/Agent:

_____
(Signature)

_____
(Date)

Museum Representative

_____
(Signature)

_____
(Date)

Does not constitute an authentication; the Museum does not do appraisals. Museum reserves the right to photograph. LHW 8_2019