

VIRGINIA HOLOCAUST MUSEUM
LIBRARY DONATION ACCEPTANCE FORM



Accession #

Number of items:

Date:

Description of items:

Donor:

Address:

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Home:

Office:

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Donor's Name:

(PLEASE PRINT)

Signature:

Staff member accepting donation:

(PLEASE PRINT)

Signature:

This certifies that the above named donor, being the sole legal owner, has deposited with the Virginia Holocaust Museum as a gift the item(s) listed above. This gift is made to the Museum as an unrestricted donation according to the museum's policies: all donations are considered outright and unconditional gifts to be used at the museum's discretion.

Appropriate credit to the donor will be given in a manner consistent with the museum's polices and practices. Anonymity will be honored if requested.

Thank you for your unconditional donation to the museum. Sometimes we need further information regarding item identification. Please leave us a phone number where you don't mind being contacted.