

**CENTRAL COAST VETERANS
MEMORIAL MUSEUM
801 Grand Ave., San Luis Obispo, CA 93401
(805) 543-1763**

DONATION FORM

Date: _____

PLEASE PRINT CLEARLY

Donor: _____

Address (City, State, Zip): _____

Phone: _____ Email: _____

This is to confirm that I own, or have the rights to, the property described below and give it to the Central Coast Veterans Memorial Museum as a charitable donation. I understand and agree to relinquish total ownership and transfer to the Museum all rights, title, and interest, including all copyright, trademark, and related interests as allowed by law. I understand that the Museum will have exclusive control of the donated items, including the right to retain, dispose of, store, or display the items as it sees fit.

Description of Donated item(s), including as much information as possible; use back of sheet if necessary:

1. _____

2. _____

3. _____

4. _____

Thank you for your valued donation.

Donor's signature _____ Date: _____

Accepted by (Print) _____ (Sign) _____ Date _____

A copy of the Donation Form was given to the donor: Yes _____ No _____

The Central Coast Veterans Memorial Museum is an IRS 501(c)(3) Tax Exempt Non Profit Corporation (91-216857).

(OVER)

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

PLEASE GIVE A BRIEF HISTORY OF THE ITEM(S) AND THE PERSON WHO OWNED THEM:
