

For office use only
Application Date:
Museum Staff/Volunteer:
Date of next vote:

Artifact Donation Application

Please complete this form to submit an item to be reviewed by the Historical Society Accession Committee.

CONTACT INFORMATION:

Name: _____

Phone Number: _____

Email: _____

GENERAL QUESTIONS:

Are you the owner, or do you know who own(s)/(ed) this artifact? YES NO

Do you know the year this item was originally made? _____

If not, please select the time frame from which the item originated (circle one):

1880-1890 1890-1900 1900-1910 1910-1920 1920-1930

Other: _____

Please note: The MLHHM rarely accepts items outside of these dates

Please describe the item, the owner (include maiden name if applicable), the relevance to Cleveland County History, and any other important information:

Please email photos of the artifact to MLHHMuseum@gmail.com so that we can assess the size and condition and determine if we have the resources to properly house and care for this item. Thank you!

Thank you for completing this form! After the next committee meeting, you will be notified whether or not the item will be accepted into the museum's collection. If accepted, there will be an additional form to complete that transfers ownership to the Cleveland County Historical Society.