MUSEUM DONATION FORM

11a Merton Street Victoria Park WA 6100

Top copy to Accessioning — Bottom copy to Donor

admin@technologymuseumwa.org

Print Donor's Name		Technology Museum of Western Australia Inc.
Donor's Address	Suburb	Post Code
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Donor's Phone	Email er line please (if more that	@ n 5 items please attach list to this page.)
Details of items Defiated in one item po	or mile pieuse (ii more tiiui	To recino preuse attach not to tino page.
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Transfer conditions of ownership and/o	or convright of donated it	em/s
		nsferred as noted. If it is accepted by the mu-
seum then the ownership and / or copyright		
The ownership of the item will be reta	ained by the donor.	
The museum will dispose of the item		
The ownership of the item will be train		e donor to the following person.
Print Name	Email	
Address	Phone	
By signing this document, you confirm that you	are the sole unencumbered leg	al owner of the items donated as listed above.
I the undersign do affirm the transfer of ownerslitems to the Technology Museum of Western Au	· · · · · ·	ms listed above without reservation as donated
Donor's Signature:	Mu	seum Acceptance - Office Use Only
X	<u> </u>	
Print Name :	Signature	
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