

— RITCHIE —
HISTORY
MUSEUM

Ritchie History Museum
 (Camp Ritchie Museum, Inc.)
 13419 Barrick Avenue
 Cascade, MD 21719

**This is to acknowledge the receipt and donation of the items listed below to the
 Camp Ritchie Museum Inc. (CRM) from:**

Donor Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

The item(s) listed below are gifted to Camp Ritchie Museum, Inc. to be considered as:

___ An unconditional donation. The History Museum reserves the right to safely and securely keep, lend, preserve, display, or store materials in a manner that will honor the artifacts' historic integrity.

___ Conditional donation. Please specify below:

Disposition if the museum administration decides for whatever reason that item(s) will not be accessioned into the museum's permanent collection (check/select one below):

1. ___ Please contact donor to return donation

2. ___ Please rehome to another institution

3. ___ May be sold to benefit the History Museum

4. ___ Destroy

**** Please be aware the donor has 30 days to pick up or arrange shipping for their donation after the museum has first initiated contact. The museum will contact the donor via ALL forms of contact provided in the above contact information. If after 30 days the donation is still in the museum's physical custody, options 2- 4 will be the chronological course of action. ****

Item Name:	Item Name:
Historical Date:	Historical Date:
Description:	Description:

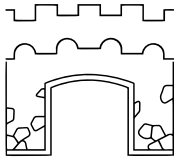
**** (Please add any other pertinent history related to this item on the back of this form or attach information to email/doc if completing digitally) ****

Donor Signature _____ Date: _____

Receiving Signature _____ Date: _____

Print: _____

Print: _____



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(Below is for Museum Administration Use Only)

Approved for accession: _____

Date: _____

Denied for accession: _____

If denied, why?

Director/ Administration Signature: _____

Date: _____

Print: _____