

Ketchikan Museums

629 Dock Street ♦ Ketchikan, AK 99901
907-225-5600

Donor Questionnaire

CONTACT INFORMATION

Date

Name

Street address, City, ST, ZIP Code

Home phone number | Cell phone number

Email address

ARTIFACT INFORMATION

Please provide as much information as you can. If you need additional space, please use the back of this sheet or attach additional pages.

Object(s): _____ Photograph(s) Archival Material(s)

Please describe your donation offer **in detail** [date, condition, material, manufacturer, details, how it is used, damage, etc.]

How long have you owned this object?: _____

How did you acquire it? Inheritance Gift Purchase Found Other: _____

When and where was it acquired?: _____

Were there any previous owners?: _____

Is this artifact(s) from: Ketchikan Southeast Alaska Other: _____

What historical significance does this artifact(s) have?: _____

Any other significant details?: _____

Photos of artifact(s) attached?: Yes No

Why do you believe this artifact(s) should be given to a museum and made available to the public? _____

Signature of Potential Donor:

Name

Date

Attach additional documentation, if applicable.

Office Use Only

Action Taken:

Date:

05/2016- HAC