MEMORABILIA DONATION WORKSHEET

❒ Bankstown Clinical Library ❒ Bowral - Michael Khoo Library ❒ Fairfield Clinical Library

❒ Liverpool Hospital Museum ❒ Campbelltown/Camden – Macarthur Clinical Library

Date Received: Staff Member/Museum Volunteer Name:

❒ Deed of Gift Form Completed ❒ Photograph attached

Name of Object: _____

Physical Description: _____

_____

Donor's Name, Address, Email and Phone Number:

_____

Archivist Librarian Evaluation: **Item accepted for Collection** ❒ **YES** ❒ **NO**

No - Returned to Donator with alternative donating organisations:

_____

_____

Yes

Object Name: _____

Manufacturer: _____ **Place of Manufacture:** _____

Date of Manufacture: _____

Provenance:

_____

_____

_____