

PROPERTY DONATION FORM

Donor's Name:				
Address:		City:	State:	ZIP:
Phone: (Home)		(Cell)		
E-Mail:				
Name of the person who ha	d these items:			
Name of item(s) and/or ove	rseas location(s):			
2	g donated: ease use the backside ld have LOCATION	of paper. , DATE TAKEN, DESCRIPTION PHOTOGRAPHER, SOURCE	DN (Names of individuals/	groups), ACTIVITY if
Restrictions, if any:		THOTOGRAM HEA, SOUNCE		ar photographer)
Estimated value of item(s) -	- if applicable:			
1. 4.	2 5	3 6		
The signature below indic longevity of the American		nation(s) to AOSHS to be used a storical Society.	at its discretion for safe ke	eping and historical
D	A LA A OCTIO			

Receipt of item(s) to be donated to AOSHS will be confirmed after review and documentation is complete.

Send to: AOSHS | 704 W. Douglas Ave. | Wichita, KS 67203