

Boone County Museum of History
314 S. State St, Belvidere, IL 61008
www.bcmuseumofhistory.org
Telephone: 815.544.8391 Fax: 815.547.1691.
Email: collections@bcmuseumofhistory.org

DEED OF GIFT

Name: _____	Date: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		

I own the personal property described below and desire to give said personal property to the Boone County Museum of History. I do hereby irrevocably and unconditionally give and transfer to the Boone County Historical Society all rights, title, and interest, including all copyright, trademark, and related interests, in and to the following described property. I fully understand that the Museum cannot display all donations at all times and therefore, my donation may be in storage but the Museum will know where my donation is located and how it has been cared for. I also understand that over time items do deteriorate and that as a result items do have to be deaccessioned from the collection.

Description of Gift:

This gift is given in memory of: _____

Signature of Museum Representative: _____ **Date:** _____

By my signature below, I accept the foregoing conditions and acknowledge reading any attached information.

Signature of Donor: _____ **Date:** _____