

Dufferin Historical Society Incorporated 20 Kings Park Road Box 1646, Carman, MB R0G 0J0 Phone: 204-745-3597

Email: info@dufferinhistoricalmuseum.com

Gift Receipt Form

Donor Name	2:	
Address:		
Telephone:	E	mail:
I, the undersigned, being the lawful owner of the object(s) listed below, hereby transfer by gift my full right, title, copyright, and interest in the same to the Dufferin Historical Society Incorporated aka Dufferin Historical Museum forever, and agree that this transfer is an unrestricted and unconditional one. Further, the said object(s) may be used by the Museum as it sees fit.		
	Item	Accession Number
1.		
2.		
3.		
4.		
5.		
Check		
Dufferin	Dufferin Historical Society may display my name in acknowledgement of the donation at the Museum	
I do not wish to have my name displayed for acknowledgement of donation.		
Dufferin Historical Society may display my name in acknowledgement of the donation in any publications (newspaper, website, facebook, etc.)		
	receipt, I affirm that I have proper le above. In witness whereof, I have e , Province of , A.D.	executed this Gift Receipt in the Town of day o
Donor Witness		
******	***********	***********
	storical Society Incorporated gratefor e donated object(s) listed above.	ully acknowledges receipt and transfer of
Accession Con	ımittee Member Date	

History on Reverse

Form Updated: 2024-10-13 History: