

Collections Donation Information Form

**Alaska Veteran's Museum**

Collections Offer  
c/o Collections Department  
333 West 4<sup>th</sup> Ave. Ste 227  
Anchorage, AK 99501

Donor Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Object Information

Please list the items that you are interested in donating to the Museum with a detailed description. Also include a photograph of each object taken alongside a ruler, if possible.

Name/Kind of Object(s): \_\_\_\_\_

Name of Owner (if different from above): \_\_\_\_\_

Date of Object: \_\_\_\_\_ Measurements (length x width x height): \_\_\_\_\_

Condition:    \_\_\_ excellent    \_\_\_ very good    \_\_\_ good    \_\_\_ fair    \_\_\_ poor

Historical Background:

Please provide any historical information about the object. Attach additional pages if necessary.

- How was this item used and by who?
- When and where was it used?
- What is the military significance of this object?
- Is there cultural significance to the object (i.e. ceremonial, traditional, etc)?
- Describe the family and personal history of the veteran that had contact with this object.
- Please include any additional information that might be significant to this object.