

Donor Signature

Prospective Donation Form

305 W. 3rd St. Rolla, MO 65401 573-364-5977

Date

Donors Name:
Address:
Telephone:
Email:
Preferred Method of Contact: Mail Email Phone Text The <i>donor</i> is responsible for updating PCHS of any changes to contact information during the donation process.
Donors wishes for item if it in NOT accepted by the collections committee: Please return item to me. Please donate the item to a more appropriate not-for-profit institution. Please add this item to your education/reference collections. Sell item to provide monetary support to the PCHS. Donation Description, Age, Provenance &Condition
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