

COLLECTION DONATION APPLICATION

Contact Information				
Name:			Date:	
Address:		City:	State:	Zip:
Phone:	Er	mail:		•
Collection Information	_			
Please tell us how you came □ Purchased □ Inherited	•	ject: □ Received as gift	□ Other	
When, where, and how did	_	object?		
Object Information				
Who made it? When and wh		purpose?		
What is the approximate date	e range of the o	object?		
Is there a direct connection	to Hancock Cou	inty?		
Size/Weight/Materials?				,
Condition (please include cl		g with your application):		
Ownership History				
If you know anything about and their relationships to yo		story, please tell us. Name	es and locations	of previous owners

Please include pictures of the object(s) along with your application. Please do not bring in the artifact(s) until you have been contacted by one of the members from the Museum's Collections Department for further instruction. If you have any questions please contact the Museum at 419-423-4433. Thank you!

Please send this form via email or postal to:

Hancock Historical Museum Joy Bennett, Curator and Archivist 422 West Sandusky Street, Findlay, Ohio 45840 jbennett@hancockhistoricalmuseum.org