



Deed of Gift

Donor Information (please print)

Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Email _____

Donation Information/Historical ties to Jackson County

I (we) donate the following items to JCHS: please indicate how the items relate back to Jackson County, MO.

Stipulated terms of gift

FOR ARCHIVIST USE ONLY:

Accession Number to be assigned:

Collection Name (if applicable):

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

By signing the Deed of Gift, I understand that this is an irrevocable and unconditional gift to JCHS. I (we) acknowledge that JCHS reserves the right to dispose, transfer to another institution or deaccession materials at a later date after acceptance without donor's notice.

Signature _____ Date _____

Printed Name

Jackson County Historical Society
112 W. Lexington, Ste. 120 Independence, MO 64050
816-461-1897 | www.jchs.org

Received by JCHS DATE _____
Name of JCHS Representative _____