**Donor Questionnaire**

|  |  |
| --- | --- |
| Date: |  |

**Contact Information:**

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| --- | --- | --- |
| Last: First: MI: | | State/Country: |
| Street address: | City: | Zip code: |
| Phone: | Email: | |

­­­­­­­­­­­­­­­­­­­**Tell us about your item(s):**

What is/are it/they?

When was/were it/they made?

What was/is it used for?

Tell us as much about the history of the item(s) as you know. For example: How did you acquire it? From whom? When and where? (Use the back of this sheet to fully explain, if necessary.)

**Tell us about yourself (and if you are not the owner tell us about the owner of the item(s)):**