



Inc. Assoc. No: A43958
ABN: 20654242434
Tel: (08)70710821
40 CARBENET Dr. HACKHAM, SA 5163
<http://greek-museum.com.au>
info@greek-museum.com.au

OBJECT DONATION FORM

Donation number _____

Date _____

Objects received from:

Name: _____

Address: _____

Telephone: _____

Date of birth: _____

I certify that I am the legal owner or the owner's representative and have read and understood the terms and conditions listed. The items listed are offered to the museum as a gift, and the items are not under dispute or being contested by a third party. I retain no rights, including copyright, associated with the item. This form represents transfer of ownership. I give permission to the Greek Museum of Adelaide Inc. to use the information I have provided about the history of the object/s for future museum purposes, including research, public research access, displays and publications.

Donor Signature:

Received by "Greek Museum of Adelaide Inc.":

Donation number _____

Description of objects:

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

Donor Signature:

Received by "Greek Museum of Adelaide Inc.":