GROVE CITY AREA HISTORICAL SOCIETY ACCESSION RECEIPT accession #_____

111 College Avenue Grove City PA 16127

donor name: _____ date:_____

address: _____ _____ _____

street city , state zip code

contact numbers: _____ _____ _____

home phone work phone email, other

⇨ **List items donated and describe briefly:** (continue on reverse as needed)

⇨ **Significance to Grove City**

1 Name the original owner, and state his/her connection to the donor, and to Grove City:

2 Describe the historical interest of donated item. What is its 'story?' (continue on reverse as needed)

Custody of the GROVE CITY AREA HISTORICAL SOCIETY

donor: initial one

___ unconditional donation (Historical Society reserves the right to keep, lend, or otherwise dispose of the item)

___ for identification (this will not constitute an authentication, and will not include appraisal; the Historical Society reserves the right to photograph items for display purposes)

___ other, specifically: _____

Disposition of items *that are not accepted* for Historical Society acquisition

donor: initial one

___ donor will pick up ___ sell item to benefit Historical Society ___ Historical Society will dispose/destroy

Donor: GCAHS Volunteer:

_____ _____

signature date signature date