

DONOR INTENT FORM

Thank you for supporting the Juneau-Douglas City Museum

Date: _____

Potential Donor Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Donation Information

List of items being offered: _____

History of the items: _____

Provenance: *(explain how the donor came into possession of the items; eg: purchased, inherited, found)*
