# **Potential Donation Form**

Please fill out the following information about your potential donation. **Please provide as much information about yourself and your items as possible**, and kindly return the form by email, fax, or mail. Once the form is received, a staff member will follow up with you.

Name:			
Company/Organization	n:		
Street Address:			
City:	State:	Zip code:	code:
Phone: (home)	(cell)	(work)	
Email:			
Mailing Address (if diff	erent from above)		
Description of Item(s)			
Item name:			
Physical description:			
Dimensions and weig	ght:		
Date item(s) made:			
Date item(s) used:			
Date you received or	purchased item(s):		



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#### **Provenance**

Who was the original owner?
Has anyone else owned the item(s)? If yes, who and when?
Additional information on the history, ownership, and documentation of your items:

#### Miscellaneous

Conc	lition	٥f	items:
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Approximate value:

Anything else you think we should know?

### When returning this form, please attach a photo of the item(s).

Thank you for your potential donation. We will be in touch with you as soon as possible. Please return the form by email or mail to:

Curatorial Department National Law Enforcement Museum 444 E St NW Washington, DC 20001 Email: collections@nleomf.org

Phone: 202.737.3400

