CASPER COLLEGE
WESTERN HISTORY CENTER
DONATION INFORMATION

DONOR COMPLETE:

Donor:_____

Address:_____

_____

Telephone:_____ Email:_____

Date Received:_____ Size:_____

Type of Collection (manuscript/photographic/cartographic/physical):_____

Brief Description of Collection: What do the records encompass? Time Period? Why Collected?

_____
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WHC TO COMPLETE:

Collection Name:_____

Signed Deed of Gift: Yes or No Collection Number Assigned: Yes or No _____

Acquisition:_____ Temporary Location: _____