Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custody Receipt**

**Poynette Area Historical Society (PAHS), 116 North Main Street, Poynette, WI 53955**

This is to acknowledge receipt of the items listed below by the PAHS from:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone  | Landline: | Cell: |
| Email |  |

The items listed below are left in the custody of PAHS to be considered as:

□ An unconditional donation. PAHS reserves the right to keep, display, lend or otherwise dispose of the donated item.

□ To be considered for acquisition.

□ For identification, does not constitute an authentication or appraisal. Museum reserves the right to photograph.

□ For other. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Item/s and Brief Description:

|  |  |  |
| --- | --- | --- |
| Accession # | Object # | Item |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Received by: Received from:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

(PAHS Representative Signature and Date) (Donor Signature and Date)

**------------------------------------------------------------------------------------------------------------------------------------------**

Disposition if not accepted for accession:

□ Donor will pick up □ PAHS to dispose of or destroy □ May be sold to benefit PAHS

Returned to Donor by: Received by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

(PAHS Representative and Signature and Date) (Donor Signature and Date)

Thank you for your very generous donation to Poynette Area Historical Society.