Lancaster Medical Heritage Museum

Certificate of Gift

Donor Name:_____
Donor Address:_____
Phone Number:_____ Email Address:_____

I do hereby unconditionally give, donate, bestow, and set over to the Lancaster Medical Heritage Museum the property described on this paper or appended inventory to be used or disposed of by the Lancaster Medical Heritage Museum in their unrestricted discretion. I certify that the property described on this paper or appended inventory legally and rightfully belongs to me, or i have the authority from the donor to convey this property. I waive for myself, my descendants, distributers, personal representatives or agents, all present or future rights in, to, or over said property its use or disposition.

I understand that i have seven (7) calendar days from the date that I sign this document to notify the Lancaster Medical Heritage Museum in writing that I no longer wish to make this gift of property. If I notify in writing the Lancaster Medical Heritage Museum within seven (7) calendar days that I no longer wish to make a gift of the property, I will have the property returned to me at my expense.

I have read this statement and understand what I am agreeing to as described in this gift agreement form

Item Number	Description of Object(s)

Donor Signature:_____ Date: _____
Museum Representative Signature:_____
Date Received: _____

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