

POTTSTOWN HISTORICAL SOCIETY

568 High Street Pottstown PA 19464



DONATION/ACQUISITION FORM

		DATE:	
NAME:	First Name	Last Name	
ADDRESS:			
	Street Number		
	City	State	ZIP
EMAIL:			<u> </u>
TELEPHONE:			_
-		ical Society? YES	
DESCRIPTION (mat	erials, measurements, di	stinguishing marks, age, va	lue if known, location found,
		n Historical Society as an unre	stricted gift, with no limiting ottstown Historical Society. The
			ng, display or storage of the item
X DONOR SIGNAT	URE	Witness/location	