

VETERANS MEMORIAL CENTER MUSEUM



400 South Sykes Creek Parkway
Merritt Island, Florida 32952
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MUSEUM DONATION RECEIPT

Donor Name: _____ Phone: _____

Address: _____

Donation Detailed Description:

Donation Origin, Use, User, Timeframe, Historical Significance:

() I hereby certify that I am the owner of the above listed item(s) and hereby donate them unconditionally to the Museum of the Veterans Memorial Center, Inc. (a non-profit charitable organization 501(C)3 – IRS#59-3070304). I relinquish any future claim by myself, my next of kin or my heirs. I understand that the Museum may choose the method of disposition and is under no obligation to display or retain the item(s). I understand the Museum does not appraise the authenticity or value of donated items and does not accept loaned items.

Donor Signature: _____ Date: _____

Museum Rep. Signature: _____ Date: _____

The Veterans Memorial Center Museum thanks you for your support!