



Museums of Historic Hopkinsville-Christian County

217 East 9th Street
P.O. Box 1093
Hopkinsville, KY
270-887-4270

Prospective Donation Form

Date: _____

Name of Donor: _____

Address of Donor: _____

Phone: _____ Email: _____

Artifact Donation and Accession Policy

1. In order to comply with the donation criteria for the Museum's Permanent Collection, the Collections Committee must review and document all prospective donations. Any object(s) considered for donation must be connected to Hopkinsville, Kentucky, Christian County or contiguous counties.
2. The prospective donor must hold full and complete right, title and interests of the object(s) free of any liens or encumbrances. *Should the legal ownership of the object(s) change during the pendency of this deposit, whether by reason of death, sale, insolvency, gift or otherwise, the new owner shall be required to establish the legal right to receive the items prior to their return by proof satisfactory to the Museum.*
3. The Museum will notify the donor in writing or by telephone regarding the objects(s) not selected for donation. The donor must reclaim the object(s) within 60 days from the date of notification, unless otherwise noted below by the donor. If objects not selected for accession are not picked up, the prospective donor agrees that the prospective donor gives the object(s) considered may be disposed of at the discretion of the museum and the owner has forfeited all right, title and interests.
4. The Museum will exercise reasonable care with regard to the object(s) on temporary deposit. The depositor hereby releases the Museum from all liability with respect to any loss or damage to the object(s) referred to on the face of this receipt while the said object(s) are in the Museum's possession or in transit and agrees that the Museum is not required to cover such object(s) with insurance.
5. The Museum understands and respects that the object(s) listed within this form are valuable treasures to the donor; however, some objects do not fit the strict criteria for inclusion in the Permanent Collection. The donor may choose instead to donate the object(s) to the Education Collection. These items may be displayed and used for research, activities, and programs.

I have read and agree to the above policy governing the Artifact Donation and Accession Process.

Signature of Donor _____

In order to respect your intentions, please choose one option from the following statements should the Museum decide not to accept the object(s) into the Permanent Collection.

I request that any object(s) not accepted into the Permanent Collection is/are returned to me.

I give the Museum permission to place any object(s) not accepted into the Permanent Collection into the Education Collection. I have read the policy governing donations, and I understand the purposes and uses of these Collections.

If the object(s) is/are not accepted into the Permanent or Education Collection, I give the Museum permission to dispose of the object(s) in a manner it sees fit including, but not limited to, donating the object to another institution or selling the object(s) with the understanding that the proceeds realized from such sale will be used only for the acquisition of items for the collections or for the direct care of collections.

For Official Use:

Receipt of Item(s):

Date:

Signature of MHHCC Representative:

Date of Collections Committee Meeting:

Object(s) Accepted: Permanent Study Prop

Object(s) Not Accepted:

Returned to:

Signature:

Returned by:

Initials:

Date:

Other Notes:

To better aid the staff in the decision making process when reviewing items, please describe object(s) and answer the questions to the best of your ability. Attach extra sheets if necessary.

Fill out one sheet for each object if not in a grouping

Object(s): _____

Condition: _____

Estimated value: _____

Year of origin: _____ Year Aquired: _____

How did you obtain this object(s)? _____

From whom did you aquire it? (name and address) _____

Where there any previous owners?

Their relationship to you:

Name:

Their Birthdate:

Marriage Date:

Children:

Deathdate (if applicable)

Where lived:

Occupation:

Place of Birth:

Spouse:

Who made/manufactured this object(s)? _____

What material was used to make the object(s)? _____

Where was the object(s) made? _____

Who used the object(s)? _____

Where was the object(s) used? _____

What was the object(s) used for? _____

When was the object(s) used? _____

How is the object(s) connected to Hopkinsville, Christian County? _____

Is there an interesting story or legend connected to the object(s)? _____

Do you have documents associated with the object (bill of sale, photographs, drawings, newspaper or magazine articles, letters, diaries, etc?) _____

Would you be willing to donate originals or copies of the documents? _____

Do you know any other information or stories about the object? _____

Has the object been exhibited? If so, please list dates and locations _____

Has the object been mentioned or reproduced in any publication? If so, please list _____

Do you know anyone else who may have information about the objects you are considering for donation? If so, please give names and contact information. _____

Additional comments? _____

Thank you for considering donating your collection to the Museums of Historic Hopkinsville-Christian County. Our mission is to cultivate regional pride and tell our community's authentic stories by creating an enjoyable, engaging learning environment that encourages conversations about our unique history and diverse heritage.

Your collection could help us share the stories of our past and create memories for the future!

Receipt of KRS 171.830-171.849

Pursuant to Kentucky State Law Chapter 171.833, I am signing to acknowledge that I have received a copy of the 171.830-171.849.
I am accepting this copy in person or am refusing the materials offered in lieu of being sent via certified mail.

Signature of Prospective Donor

Date