

## Deed of Gift

(Art/Object Donation Form)

ID Number:

[affix barcode here]



### Donated to:

Springfield Public Library

225 5th Street, Suite 301

Springfield, OR 97477

541-726-3766

Wheremindsgrow.org

### Donor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The information provided above will remain private and will only be used by Library Staff to contact the donor about the artwork or the donation process.

The Springfield Public Library gratefully acknowledges the receipt of the following gift from the donor named above. The donor certifies that they own the gift free and clear of all encumbrances and can therefore generously transfer the item to the sole ownership of Springfield Public Library.

**Artwork/Object Information**

Title/Name: \_\_\_\_\_

Artist: \_\_\_\_\_

Date of artwork: \_\_\_\_\_

Medium: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Content/Description: \_\_\_\_\_

Special Care/  
Installation Notes: \_\_\_\_\_

Acknowledgment\*: \_\_\_\_\_

Value as Declared  
by Donor: \_\_\_\_\_

\*Please specify if you would like your name to appear on a display label, how it should appear, and if the gift is additionally in honor or in memory of someone.

**Signatures:**

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Name & Title: \_\_\_\_\_

Received by Signature: \_\_\_\_\_ Date: \_\_\_\_\_