



99 Main Street, Haverhill, MA 01830

## SPECIAL COLLECTIONS Donation Assessment

Name(s): _____	Date: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	E-mail: _____	

\_\_\_\_\_ I do hereby understand that the staff of the Haverhill Public Library will assess my donation and may choose to return said donation to me, depending on the donation's relevance to the current collection, the donation's physical condition, or any other reasonable cause as determined by the Library Director and Board of Trustees.

I, the owner(s) or agent(s), own the personal property described below and desire to donate and relinquish said personal property to the Special Collections of the Haverhill Public Library. If the donation is accessioned into the collection of the Haverhill Public Library, I will irrevocably and unconditionally give and transfer to the archives all right, title, and interest, including all copyright, trademark, and related interests, in and to the following described property.

Should my donation be accessioned into the collection of the Haverhill Public Library, I understand that the location, retention, cataloging, and preservation of the materials are at the discretion of Special Collections of the Haverhill Public Library in accordance with library policies. The materials shall be accessible to the general public, in addition to staff, students, researchers, and groups who adhere to policies and procedures of the library. The Special Collections of the Haverhill Public Library may use its discretion to dispose of duplicate materials, extraneous materials, and materials inappropriate for its collections unless instructions to return unwanted materials to the donor are specified.

I represent and warrant that I am the sole owner of the materials described below and that I have full right, power, and authority to give the materials to the Special Collections of the Haverhill Public Library. I have received an explanation of all terms and conditions of this Deed of Gift and agree to them as indicated by my signature below.

Accession Number: \_\_\_\_\_

Description of Gift: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restrictions: \_\_\_\_\_ Restricted to use in the Reading Room of Special Collections \_\_\_\_\_

This gift is given in memory of: \_\_\_\_\_

By my signature below, I accept the foregoing conditions and acknowledge reading any attached information.

\_\_\_\_\_  
Name of Donor/Agent

\_\_\_\_\_  
Name of Donor/Agent

\_\_\_\_\_  
Signature of Donor/Agent

\_\_\_\_\_  
Signature of Donor/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_