

DONATION ASSESSMENT

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

I, the owner(s) or agent(s), do hereby understand that the Haverhill Public Library Special Collections Department will assess my donation and may choose to return said donation to me, depending on the donation's relevance to the current collection, physical condition, or any other reasonable cause.

I own the property described below and desire to donate and relinquish said property to the Special Collections Department of the Haverhill Public Library. I do hereby irrevocably and unconditionally give and transfer all right, title, and interest, including all copyright, trademark, and related interests, in and to the following described property.

Description of Gift: _____

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 Library may dispose of duplicate and extraneous materials, unless instructions to return unwanted materials to the donor are specified on this form.

The materials will be made accessible to the general public and will be available for research, display (including the Internet), educational, and publication purposes, subject to standard archival practices and, to the extent authorized by state and federal law, without restriction.

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 Department at Haverhill Public Library. By my signature below, I acknowledge and accept these conditions.

Name of Owner/Agent	Name of Library Representative
Signature of Owner/Agent	Signature of Library Representative
Date	Date
Return unwanted materials to donor (at owne	er/donor expense): Yes 🗆 No 🗆
Optional: This gift is given in memory of	
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