



St. Michaels University School

ARCHIVES DONATION FORM

The **St. Michaels University School Archives** gratefully acknowledges the gift of the archival material described below, and wishes to thank

Name of Donor

For this valued addition to the historical collections of the School Archives.

Description:

Conditions of Deposit:

It is understood and agreed that the materials donated shall become the exclusive and absolute property of St. Michaels University School Archives. This property will be handled according to the procedures established in the St. Michaels University School Archives policy.

Date

Signature of Donor

Address: _____

Email Address: _____

Phone Number: _____

Accepted on behalf of St. Michaels University School Archives:

Date

Archive Personnel

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20
