

Depositor's Name:

## Nebraska Firefighters Museum and Education Center

2834 E. 1st Street
Kearney, NE 68847
mail@neffm.org
www.neffm.org

Date:

## **Item Donation Receipt**

Depositor's Address:	Zip Code:
Depositor's Phone:	Email Address:
	ived by the Nebraska Firefighters Museum and Education Center to be considered for cation collection, subject to the acceptance by the Curator of Collections and the conditions
Description of object(s) and conditio	(use back of form if room is needed):
Conditions:	
covered by this receipt while in the cover such object(s) with insurance.  This receipt does not constitute for be accessioned or placed in the Edinto the collection, the donor agree object(s) with the Nebraska Fire Nowithin 30 days, they will be considered them as they see fit. Please indicate them as they see fit. Please indicate them as they see fit. Please indicated them agree to reclaim the object of the Nowith I agree to reclaim the object of the Nowith I agree that the Nebraska collection and agree that the Nebraska	bject(s) if the Nebraska Firefighters Museum determines they will not be accepted into the irefighters Museum may dispose of them as they see fit.
Received by:	Signature:
Curator Use Only:	
Accepted: Declined:	rate: First Notification Sent:
Second Notification Sent:	Third Notification Sent:
Reclaimed Ry	Date: