Missouri Model Railroad Museum
Donation Form and Item(s) Description

Donation Date	
Donor Name	
Address	
Best Contact	
Email	

Your donation is appreciated and goes directly to the support of the Missouri Model Railroad Museum. This document serves as your Donation Recognition Letter for all tax purposes. MMRM cannot give appraisal for items donated to the museum. Donor agrees that this donation serves as a transfer of ownership of items listed below from the Donor to the Missouri Model Railroad Museum. Donor gives up all rights, titles, and claims of ownership to the Missouri Model Railroad Museum. Donations are inspected and then placed in the following categories: Permanent Collection, Education Collection, Archives for Preservation, Display or Museum Fundraiser.

Donor has received no goods or services in consideration of the donation _____ True _____ False

Donor Signature/Release_____ Date ____/____/____

MMRM Representative_____ Date ____/____/____

Please give a brief description and history of donated items if you would like to share (Please Print):

_____

_____

_____

_____

_____

_____

_____

_____

312 West Pacific Avenue, Independence, Missouri 64052
816-552-5750 www.showmerails.org MMRM is an IRC 501 (c) (3) EIN: 88-1656577

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Donor is responsible for filling out the form below and assigning value to the items. The Missouri Model Railroad Museum and its representatives are not allowed to assign a value to donations. You can rate the items of your donation as Excellent Condition, Good Condition or Poor Condition and give the total value of items. If you do not wish to assign a value to your donation, please place a zero value.

	Description of Item	Excellent Condition		Good Condition		Poor Condition		Total Value
		Qty	Value	Qty	Value	Qty	Value	
1			$		$		$	$
2			$		$		$	$
3			$		$		$	$
4			$		$		$	$
5			$		$		$	$
6			$		$		$	$
7			$		$		$	$
8			$		$		$	$
9			$		$		$	$
10			$		$		$	$
11			$		$		$	$
12			$		$		$	$
13			$		$		$	$
14			$		$		$	$
15			$		$		$	$

Total Donation Value for the Page	$

Check in by _____ Date ____/____/____ Page _____ of _____

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	Description of Item	Excellent		Good		Poor		Total Value
		Qty	Value	Qty	Value	Qty	Value	
16			$		$		$	$
17			$		$		$	$
18			$		$		$	$
19			$		$		$	$
20			$		$		$	$
21			$		$		$	$
22			$		$		$	$
23			$		$		$	$
24			$		$		$	$
25			$		$		$	$
26			$		$		$	$
27			$		$		$	$
28			$		$		$	$
29			$		$		$	$
30			$		$		$	$
31			$		$		$	$
32			$		$		$	$
33			$		$		$	$
34			$		$		$	$
35			$		$		$	$

Total Donation Value for the Page	$	TOTAL $

Check in by _____ Date ____/____/____ Page _____ of _____

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