

Oriskany Museum Accession Form

*State of New York
County of Oneida
Village of Oriskany*

I, _____, being with absolute authority to dispose of the property below described, do hereby donate the following to the Oriskany Museum in Oriskany, NY to be used by the institution, upon such terms and conditions as the governing bodies of said organization deems advantageous and release any claim to said property whatsoever.

| Accession Number <i>(To be assigned after donation.)</i> | Description of Property |
|--|--------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Signature of Donor *Date*

Mailing Address

Email Address *Phone Number*

I certify that the above property was delivered to and accepted by the Oriskany Museum.

Signature of Curator or appointed volunteer *Date*

