

COLLECTION APPLICATION - ARTIFACTS

Please include pictures of the object(s) along with your application. Please do not bring in the artifact(s) until you have been contacted by one of the members from the Museum's Collections Department for further instruction. If you have any questions, please contact the Registrar's office at 269-953-9028.

Please send this completed form and photos to:

Gilmore Car Museum, 6865 W Hickory Rd Hickory Corners, MI 49060

Attn: Jay Follis, Curator

jfollis@gilmorecarmuseum.org

Contact Information			
Name:		Date:	
Address:	City:	State:	Zip:
Phone:	Email:		
Collection Information			
Is this to be a LOAN or	r a DONATION to the Gilmore	e Car Museum? ((please mark <u>ONE</u>)
Are you willing to transport	t the artifact(s) to the Museum if a	ccepted?	Yes □ No
Please tell us how you came	e to have this object:		
□ Purchased □ Inherited	□ Found □ Received as gi	ift □ Other	
	you acquire this object?		
Object Information What is the item?			
Who made it? When and wh	here? For what purpose?		
What is the approximate det	to ronge of the chiest?		
	te range of the object?		
Condition (please include cl	lear photos along with your applic	eation):	
Ownership History			
	t this object's history, please tell us		
owners and their relationshi	ips to you, etc. Feel free to use the	back or an addit	ional page.

