

COLLECTION APPLICATION - MOTORCYCLES

Please complete this application and return it with *clear* photos of the proposed object as well as any other information you feel pertains to the donation to the Registrar's Office. Any item under consideration may be subject to an in-person inspection by a Museum representative.

Please send this form and photos via email or postal to:

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

Attn: Jay Follis, Curator

ifollis@gilmorecarmuseum.org

Contact Information

First & Last Name:			
Address:	City:	State:	Zip:
Email:	City: State: Zip: Phone: [] DONATION to the Gilmore Car Museum? (please mark ONE)		
Is this to be a [] LOAN or a [] DONATION to the Giln	nore Car Museum?	(please mark ONE)
5			
Description			
Year: Make: _		Model:	
Year: Make: _ VIN / ID #: Engine (cyl, cu. in., etc.):	Color:	Mileage:	
Engine (cyl, cu. in., etc.):	Transmission:	_ HP: V	Veight:
Wheelbase (inches):	Total Production:	Factory Price (new):	
When and how did you acquire			
pages if necessary:	•	•	
Transportation			
-			
Are you willing to transport the	vehicle to the Museum if ac	ccepted? [] Ye	s []No
If not, where is the vehicle locate			
,		_	
Vehicle Condition Report			
•			
Mechanical Condition / Drivabil	lity:		
	<i>y</i> ————————————————————————————————————		
Cosmetic Condition:			