



Historic Point Basse, Inc.  
P.O. Box 295  
Nekoosa WI 54457-1556

**Tax Deductible Donation Receipt Voucher**

Date: \_\_\_\_\_

Donor's Name: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Donor's City: \_\_\_\_\_

Donor's State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Donation made **In Memory Of** (If applicable): \_\_\_\_\_

If donation is a **check**, please indicate the **Check Number**: \_\_\_\_\_

Items Donated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Value of In-Kind Donation:** \$ \_\_\_\_\_ **(Donor's Responsibility)**

**Please note:** Anything over \$250.00 must be itemized to comply with state guidelines.

Any items given will be the sole possession of Historic Point Basse, Inc.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Historic Point Basse Officer Signature Date



**Historic Point Basse, Inc.**  
**P.O. Box 295**  
**Nekoosa WI 54457-1556**

### Acquisition Form

**Object:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Date Acquired:** \_\_\_\_\_ **Value:** \_\_\_\_\_

**Donor:** \_\_\_\_\_  **Gift**  
 **Purchase**

**Donor Address:** \_\_\_\_\_

**Size:** \_\_\_\_\_ **Marks:** \_\_\_\_\_

For myself, executors, administrators, assigns and heirs, in consideration for the Museum hereby given to Historic Point Basse, Inc. as administrators of the Historic Point Basse Living History Museum (here in after called "the Museum") of Wakely Road, Nekoosa, the goods and property described in the schedule below, and I the Donor do:

1. Warrant to the Museum that I am the sole beneficial and unencumbered owner of the goods and property described in the Schedule hereunder, free from all claims and encumbrances.
2. Hereby give, convey, dispose and deliver to the Museum all my right title and interest in the goods and property described in the Schedule hereunder including all rights of copyright, if applicable to the Museum absolutely.
3. Declare that this gift shall not be determined upon my death and shall bind my legal personal representatives.
4. Declare that this gift shall ensure for the benefit of the Museum, its successors, assigns and transferees in perpetuity.
5. Declare that I have entered into this gift of my own free will, voluntarily and without influence.
6. Declare that I have held or obtained all permits and licenses of/and incidental to the goods and property.
7. Acknowledge that I received and read a copy of the Museum's Collection Policy.

#### Schedule of Goods and Property

(Please describe the item/s to be donated in sufficient detail to ensure identification. Any added background information would be appreciated. Please append any relevant documentation.)

#### Bibliography:

#### Acknowledgment of Museum

The Museum here accepts the goods and property described by the Donor in the Schedule above.

\_\_\_\_\_  
Donor Signature Date

\_\_\_\_\_  
Historic Point Basse Officer Signature Date

\_\_\_\_\_  
Donor Printed Name

\_\_\_\_\_  
Historic Point Basse Officer Printed Name