

This form is to be completed by members of Girl Guides Queensland and the public who are wanting to donate items to Girl Guide Queensland's archives.

Complete all sections with as much detail as possible.

One form is to be used for each item being donated.

On completion forward to Support Centre with item/s to be donated.

Guides Qld Archives,
PO Box 996, Marsden LPO,
Marsden QLD 4132
P: (07) 3357 1266

1. Donor Details

Given Name	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Home Phone	<input type="text"/>
Mobile	<input type="text"/>
Daytime Contact	<input type="text"/>
Fax Number	<input type="text"/>
Email	<input type="text"/>

2. Details of Donated Item

Item being donated

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Brief description of item

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Condition of item

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

History/usage of item, including dates and places if possible

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Donor Declaration

I, the donor mentioned above, do hereby declare that I am the owner of the items to be donated and mentioned above, and hereby transfer and assign all my right, title and interest in the said items to Girl Guides Queensland Archival Committee with the knowledge that Girl Guides Queensland Archival committee will have control of and may deal with, the item as they see fit.

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Witness to Declaration Signature

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Contact Number	<input type="text"/>