

DEED OF GIFT

Rev. 09-12-2024

Thank you for donating materials to the Jones Memorial Library. The Library retains final discretion regarding materials added to the collection and seeks to preserve materials in both physical and digital format. Donors agree that items which do not fit the library's policies and needs may be donated, sold, discarded, or returned to the donor at any time.

I, _____, representing the following organization (if applicable):

_____ hereby donate the materials described below to the Jones Memorial Library (JML) to be administered in accordance with its established policies. I assign and transfer all copyrights that I possess to the Jones Memorial Library. I agree that this material may be made available for research on an unrestricted basis, subject only to those restrictions which may be specified below. If this is an organization donation, JML will request that credit be given to the organization in any publication resulting from research using their materials held at The Jones Memorial Library.

Request for restriction of access (if applicable):

Organization Name _____ **Date** _____

Donor Name(s) _____

Address: _____

Email: _____ **Phone:** _____

Please tell us some background information about this collection:

Collection dates:
Subject/topic of materials:
Language of materials:

Description of collection:

Please tell us the story of what you have donated- who is represented, when, where, and why was it collected. Use the back of this form if you need more room.

Donated Materials and formats:

- Maps/drawings/posters
- Art
- Documents
- Letters/Correspondence
- Photographs ___ B&W ___ Color
___ Print ___ Slide ___ Digital ___
Negatives ___ other
- Oversized materials: (please describe):

(Please check all that apply)

- Books
- Architectural materials
- Electronic records/ Digital files
___ disc ___ USB ___ other
- Audio or video recordings ___ CD
___ DVD ___ VHS ___ Reel ___ Other
- Collectibles/ephemera
- Other (please describe):

Donor Signature(s):

_____ Date: _____

_____ Date _____

The Jones Memorial Library hereby accepts the above property under the conditions specified.

Staff Signature _____ Date: _____

Accession Form
(to be completed by JML staff)

Accession Date:
Accession Number:
Donor Number:
Type of Entity (Authority Record): ___ Person ___ Corporate Body ___ Family
Suggested collection title:
Is this an Accrual? ___ yes ___ no If Yes: Name and Reference Number of existing collection:
Collection Reference Numbers (MS/ FF/ AA, Call Number, MARC code)
Collection Extent: (number of boxes/items/files/ and/or linear feet)
Date range: _____ Bulk dates: _____
Condition of Collection (check all applicable): <input type="checkbox"/> Water damage <input type="checkbox"/> Evidence of insect or pest infestation <input type="checkbox"/> Evidence of mold/Active mold <input type="checkbox"/> Other preservation needs (describe): _____
Pre-Processing Location:
Notes:

Supervising Archivist _____ Date _____