**GIFT OF PROPERTY**

**General Library Collections and Media**

Thank you for considering a donation to Whitman College’s Penrose Library. Please consult the College’s Library Gift Policy before donating materials. In order for the College Library to process and acknowledge all gifts, it is required that we obtain a record of all donations.

Additionally,

1. I, the undersigned (and hereafter referred to as the Donor), hereby give, donate, convey and release the materials described below to the Board of Trustees of Whitman College (hereinafter referred to as the Donee), together with all my right, title, interest, and ownership in the below-mentioned materials, with the intention to vest all such rights irrevocably in the Donee.
2. Legal title of the materials shall pass to the Donee upon their delivery to the Donee.
3. The Donor understands that the retention, location, access, cataloging, and preservation of the materials and other considerations relating to their disposition are at the unrestricted discretion of the Donee. Gift materials may be sold, offered to other libraries or otherwise disposed of if materials do not meet current or anticipated library needs.
4. The donor is responsible for obtaining an appraisal or otherwise valuing the materials.

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| Donor Name(s): | Date: |
| Contact Name (if other than donor): |  |
| Address: | Telephone or cell: |
| E-Mail: | Donor Affiliation with Whitman (please circle):  alumnus/a, parent, faculty, staff, current student, other |
| Approximate number of items/boxes: | Note: Because of the volume of gifts received and the subsequent labor involved in processing them, Penrose Library cannot provide itemized lists of donated materials. |

I would like a letter of acknowledgement for this gift: \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

I have read Whitman College’s Penrose Library Gift Policy and agree that my donation will be handled according to its stated terms.

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accepted By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_