



## FIRE MUSEUM

The Friends of the  
NYCFD Collection, Inc.  
278 SPRING STREET  
NEW YORK, NY 10013  
(212) 691-1303

### DEED OF GIFT

Museum No. \_\_\_\_\_

Name of Donor(s)

Telephone No.

Address (Number, Street, City, State and Zip Code)

I/We do hereby unconditionally donate to the New York City Fire Museum, for its unrestricted use, the item(s) listed below.

I/We also state that the subject donation is my/our personal property free and clear, to dispose of in any manner which I/we may determine.

I/We also acknowledge actual delivery of the item(s) listed below to the New York City Fire Museum.

DONOR(S) SIGNATURE (Please use ball point)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

#### DESCRIPTION OF OBJECTS

#### CONDITION

The New York City Fire Museum hereby gratefully acknowledges the receipt of the item(s) listed above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

GIFTS TO THE NEW YORK CITY FIRE MUSEUM ARE TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS, HOWEVER, IT IS THE DONOR'S RESPONSIBILITY TO SECURE APPRAISALS TO SUPPORT DEDUCTIONS.

TR \_\_\_\_\_

THE NEW YORK CITY FIRE MUSEUM

*DONOR QUESTIONNAIRE*

The value of an artifact for research and interpretation is greater when the object is well documented. Please fill in as much of the following questionnaire as possible. (Not every question may apply). Any additional comments or recollections are appreciated. If more space is needed use the back of this form or additional sheets of paper.

1. Your Name \_\_\_\_\_
2. Object(s) \_\_\_\_\_  
\_\_\_\_\_
3. How did you acquire it? Purchase \_\_\_\_ Gift \_\_\_\_ Find \_\_\_\_ Other \_\_\_\_\_
4. Who made it \_\_\_\_\_
5. When and where was it made \_\_\_\_\_
6. From whom did you acquire it? Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Place \_\_\_\_\_
7. When did you acquire it? \_\_\_\_\_
8. Where there any previous owners? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Occupation \_\_\_\_\_  
Dates \_\_\_\_\_
9. Who used it, or, in case of a photograph, who is the person in the picture?  
Name \_\_\_\_\_  
Rank \_\_\_\_\_ Badge# \_\_\_\_\_  
Department \_\_\_\_\_  
Company \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_  
In case of a group photograph, please include rank and badge # if possible.  
Names from left to right:  
1<sup>st</sup> (bottom) row \_\_\_\_\_  
2<sup>nd</sup> row \_\_\_\_\_  
3<sup>rd</sup> row \_\_\_\_\_
10. Did you perform any repairs or make any changes to it while it was in your care?  
Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_
11. Additional comments: