

REQUEST to DONATE EQUIPMENT

Owner (print) _____

Social Security # _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Description: _____

Make _____ Model _____ Year _____

Your estimated value? _____ (This MUST be completed by the Donor)

Does this item require a special storage location? _____

If yes, estimate cost to WMSTR to provide: _____

Is it in running order? _____ Has it been painted? _____

How much work is required to prepare for exhibit? _____

HOW is this item significant and WHY should it be preserved? _____

Notes and Information:

Please return to WMSTR, PO Box 627, Hawley, MN 56549 or treasurer@rollag.com