

Archives or Art Donation

Name of Donor:			
Address:			
Email:			Telephone:
Description of items	offered to the	RMH A	archives / Art Collection (including type, number and date range)
December the veletion	ahin af tha da	4 . 41-	a DMII and/anto the anacton of the metarial.
	snip of the dol	nor to tn	e RMH, and/or to the creator of the material:
OFFERED FOR:	Gift		Note that if donating items as a gift, any copyright that may exist in the item/s hereby passes to the RMH.
	Loan		Loan Period:
	Copying		Note that originals will be returned.
	Other		

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	Permission is granted for the hospital	al to use the material in exhibitions.
<u>RES</u>	STRICTIONS:	
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	If item/s are offered for loan only, p including copyright, of the material	ermission is granted for the RMH to acquire ownership, after the death of the owner.
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Nam	ne of RMH Representative (printed):	
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