

## **Museum of Health - Donation Proposal Form**

Contact Name:	
Contact Address:	
	Postcode:
Home Phone:	Mobile:
Email Address:	Date:

Toowoomba Hospital Foundation and Museum of Health Committee will only use the personal information submitted in this form to assist with managing the acquisition process. (Use of this information falls within the scope of the Queensland Government's Privacy Standard, accordingly personal information will not be passed on to third parties without consent (unless required by law)).

# **Donation Proposal**

Number and physical description of item/s (please include photos):

**Dimensions of the item/s** (in cm or mm):

Length:

Width:

Height:

History of the item/s (Where it came from (geographic location), who used it, when, etc):

AN INITIATIVE OF TOOWOOMBA HOSPITAL FOUNDATION Donor's relationship to the item (e.g. belonged to donor's family member; made by donor):

Any supporting information? (e.g. letters, documents, photographs etc.):

Current location of object:

#### **Important Information - Please Read**

The **Museum of Health** only accepts objects where the donor/vendor has legal title to the object. Under our legal and ethical obligations we will not accept Firearms to be part of the DDH Museum's collections.

The **Museum of Health** cannot accept or hold any object until a decision is made to accept a donation. Please do not bring objects to the Museum without prior agreement.

## Please ensure you provide clear photographs or digital images of your item(s).

### Please return this form to the Museum of Health:



Museum of Health c/o Toowoomba Hospital Foundation PO Box 7646 South Toowoomba Queensland 4350

Or email this form, along with supporting imagery to: info@mohqld.com.au