



## 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):

.....  
.....

