## **ASSOCIATE ARCHIVES DONATION FORM**

If an individual or group wishes to Donate items representative of their community, for the Associate Archives, please include the following Archives Donation Form with the item(s).

## FSA Congregational Archives PO Box W, St. Bonaventure, NY, 14778 Associate Collection Material Donation Information Slip

Donor's Name:	
Donor's Associate Community (Alle	egany, Brazil, Jamaica, Miami, NC, NJ, Tampa Bay, etc.):
Donor's Preferred Contact Informa	ation (email, physical address, phone, etc.):
Description of Material: (use other	side if needed)
Date of Material Donation:	
Subject or Event depicted in the M	aterial: (use other side if needed)
If this material is not eligible for access	ssion into the Archives, how would you like it to be handled? (Circle one)
Returned to Donor	Disposed / Recycled
Signature	Date