



National Museum of the United States Army

Artifact Donation Form



Date: _____

Artifact Donor Information:

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Associated Soldier's Information:

Name and Rank: _____

Birth Date and Location: _____

Death Date and Location: _____

Dates of Service: _____

Military Occupational Specialty (MOS): _____

Branch: _____

Units of Assignment: _____

Duty Stations: _____

Combat Service: _____

Items Being Offered (continue on the reverse if needed):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____



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- 8. _____
- 9. _____
- 10. _____

Associated Item History and Significance:

* High resolution images of the item(s) MUST be submitted before your proffer will be reviewed. *

* DO NOT mail your artifacts without prior written acknowledgement and approval from the Museum. *

Mail or email this completed form, along with images, to the address below:

National Museum of the U.S. Army
 Attn.: Artifact Responsible Officer
 1775 Liberty Drive
 Fort Belvoir, VA 22060
 usarmy.belvoir.hqda.mbx.exhibits-division@army.mil