



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** (list each item separately, and continue on the reverse if needed):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_



National Museum of the United States Army  
Artifact Donation Form



- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**Associated Item History and Significance:**

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**\* 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. \***

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