

MISSISSIPPI
ARMED ★ FORCES
MUSEUM
CAMP SHELBY

Building 850, Camp Shelby MS 39407

Offer of Donation

I wish to donate the item(s) listed below to the Mississippi Armed Forces Museum:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____(H) _____(W) _____(C)

Email: _____

In the space below, and on the back or on additional pages if necessary, please enter a complete description of each item including background, ownership and significance to the history of Mississippi. Please attach photographs, if available. Please do not send the item(s) to the Museum.

Item(s) and Description

I make this offer with the understanding that the Museum is under no obligation to accept this donation.

Signature: _____ **Date:** _____