# ARIZONA HISTORICAL SOCIETY Natural History Collections

## **Individual Donor Questionnaire**

Museums: Do not use this form. Please contact Madison Barkley, Curator of AHS Natural History Collections, <a href="mailto:mbarkley@azhs.gov">mbarkley@azhs.gov</a> for more information about transfers and exchanges.

#### Please answer as many questions as you are able to.

| Donor Name:                |                    |                       |             |                 | · · · · · · · · · · · · · · · · · · · |
|----------------------------|--------------------|-----------------------|-------------|-----------------|---------------------------------------|
| Organization:              |                    |                       |             |                 | <del> </del>                          |
| Address:                   |                    |                       |             |                 |                                       |
| Phone:                     |                    |                       |             |                 |                                       |
| How long have you owned    | I this/these objec | t(s)?                 |             |                 |                                       |
| How did you acquire it?    | $\square$ Purchase | $\square$ Inheritance | $\Box$ Gift | $\square$ Found | $\square$ Excavated/Mined             |
| $\square$ Other:           |                    |                       |             |                 |                                       |
| From whom did you acquii   |                    |                       |             |                 |                                       |
| Relationship:              |                    |                       |             |                 |                                       |
| When did you acquire it? _ |                    |                       |             |                 |                                       |
| Were there any previous o  |                    |                       |             |                 |                                       |
| Where Lived:               |                    |                       |             |                 |                                       |
| Occupation:                |                    |                       |             |                 |                                       |
| Collector:                 |                    |                       | Date        | Collected:      |                                       |
| Where Collected:           |                    |                       | <del></del> |                 |                                       |
| Country:                   | State:             |                       |             | County:         |                                       |
| Nearest Town:              |                    |                       |             |                 |                                       |
| Area/District:             |                    |                       |             |                 |                                       |
| Special History:           |                    |                       |             |                 |                                       |
|                            |                    |                       |             |                 |                                       |
|                            |                    |                       |             |                 |                                       |
|                            |                    |                       |             |                 |                                       |
|                            |                    |                       |             |                 |                                       |
|                            |                    |                       |             |                 |                                       |

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If donating more that one item please include a detailed object list. Please include the following where applicable:

- Who made it?
- Where Made/Purchased?
- When Made/Purchased?
- What materials is it made of?
- How was it used?
- Who used it?
- Where was it used?

- When was it used?
- Are you sure of its identity?
- Did you perform any repairs or make any changes to it while it was in your care?
- Was the object ever altered, broken, and/or repaired?

### To be completed by AHS Natural History Collections staff.

#### **EVALUATION**

| Yes | Maybe | No |   |
|-----|-------|----|---|
|     |       |    | Does the acquisition specifically apply to AHS-NH?                            |
|     |       |    | Does AHS-NH already possess similar items?                                    |
|     |       |    | Is the acquisition needed by AHS-NH?  |
|     |       |    | Will the acquisition be used in the next 5 years?                             |
|     |       |    | Does the object serve the mission and goals of AHS-NH?                        |
|     |       |    | Is it likely that the objects and associated data would be used for research? |
|     |       |    | Is it likely that the objects would be used for teaching?                     |
|     |       |    | Is it likely that the objects would be used for exhibition?                   |
|     |       |    | Does AHS-NH want all parts of the acquisition?                                |
|     |       |    | Is the AHS-NH possession of the acquisition totally legal?                    |
|     |       |    | Is the AHS-NH possession of the acquisition totally ethical?                  |
|     |       |    | Are resources available for management and care of the acquisition?           |
|     |       |    | Does the acquisition have any special preservation requirements?              |
|     |       |    | Would this item be more appropriate for another AHS Collecting Division?      |

|        |          |         | Troute this teem be more appropriate for another 7 and Conceeding Division: |
|--------|----------|---------|---|
|        |          |         |   |
| AHS-N  | NH Repre | sentati | ve:   |
|        | •        |         |   |
| Title: |          |         |   |
| _      |          |         |   |
| Date:  |          |         |   |
| _      |          |         |   |