



ARCHIVES DEED OF GIFT FORM

The BC History of Nursing Society recognizes with appreciation the donation of the archival material described below and wishes to thank

Name of Donor: _____

Donor Address: _____

Donor email & Telephone Number: _____

For this valued addition to the BCHNS Archives.

Description of material donated:

Restrictions /conditions of deposit:

I attest that I am authorized to dispose of the material described above and hereby donate it to the BC History of Nursing Society (BCHNS) Archives. I recognize that material donated to the Archives becomes the exclusive and permanent property of the BCHNS. Subject to any restrictions outlined above, the BCHNS Archives, in accordance with its established policies and procedures, shall administer and make this material accessible to the public. Copyright is hereby transferred to the Archives and moral rights to the material are surrendered, unless specified otherwise in this agreement.

(Date)

(Signature of Donor)

Accepted by, on behalf of the BCHNS Archives

(Date)

(Signature of Individual accepting material)

I (the Donor) wish that any items herein donated and not retained by the BCHNS Archives be:

(please initial)

Returned: _____

Discarded: _____

Archives Accession No: _____