OKLAHOMA DEPARTMENT OF CORRECTIONS
DONOR GIFT FORM
(TYPE OR PRINT)

Date: _____/_____/_____ No.: _____
(For Museum Use)

DONATIONS TO THE OKLAHOMA DEPARTMENT OF CORRECTIONS

Name of Donor: _____

Address: _____

_____ Zip Code: _____

Phone Number ( ) _____

Item(s) Donated: List each item separately using additional sheet(s) if necessary.

_____

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I hereby give, grant, and convey the items described above to the State of Oklahoma for the specific use of the Oklahoma Department of Corrections to be administered in accordance with its established policies and procedures and the laws of the State of Oklahoma. I have read and understand the donation procedure.

_____ _____
Donor's Signature Date

_____ _____
Received by Date

Brief Historical Background of items: (When possible, include who used the items and when and where they were used. Use additional sheets if necessary)

Additional Information: