

# HEROES OF THE VOSGES MUSEUM

## ARTIFACT DONATION FORM

Date: \_\_\_\_\_

**Artifact Donor Information: Please Print**

Your Name: Last \_\_\_\_\_ First \_\_\_\_\_ M/I \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Associated Soldiers Information:**

Name and Rank: Last \_\_\_\_\_ First \_\_\_\_\_ M/I \_\_\_\_\_ Rank \_\_\_\_\_

Birth Date and Location: \_\_\_\_\_

Death Date and Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Military Occupational Specialty (MOS): \_\_\_\_\_

Branch: \_\_\_\_\_

Units of Assignment: \_\_\_\_\_

Duty Stations: \_\_\_\_\_

Combat Service: Locations (s) \_\_\_\_\_

**Items Being Offered: These may include items carried into battle, souvenirs collected while in the service, letters to and from loved ones, military records, items used in an internment camp, hometown items of support for soldier, flags, or any item associated with the service member.**

**(PLEASE INCLUDE PHOTO OF EACH ITEM LISTED)**

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

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

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

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

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

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

**Associated Item History and Significance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

