Offer of Artifacts

Gammelgården Museum of Scandia

| First name | _ Last name | | |
|--|--------------------------------------|---|--|
| Street address | | | |
| City | State | Zip Code | |
| Phone number (H) | _ Phone nur | Phone number (c) | |
| Email address | | | |
| Date of artifact How lon | ng have you o | owned this artifact? | |
| How did you acquire this artifact? | | | |
| | | | |
| From whom did you acquire this a | artifact? | | |
| Historical Background: Please provid story, and other pertinent details. Include the used, and any cultural or personal significance | manner in which be of the object. | n the artifact was used, when and where | |
| | | | |
| | | | |
| Upload a representative picture of | f the artifact | or collection. | |
| Please only attach one picture to the email. | | pes Allowed: jpg, png, jpeg, pdf. | |

Please note that submission of this form does not guarantee formal acceptance of object(s) into the Gammelgården's permanent collections.

Please email completed forms and picture to: director@gammelgardenmuseum.org or mail it to Gammelgården Museum, P.O. Box 62, 20880 Olinda Trail North, Scandia, MN 55073.

Please contact Gammelgården's director if you have any questions at 651-433-5053.