



National Infantry Museum Artifact Donation Form

Date: _____

Artifact Donor Information:

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Associated Soldier's Information:

Name and Rank: _____

Birth Date and Location: _____

Death Date and Location: _____

Dates of Service: _____

Military Occupational Specialty (MOS): _____

Branch: _____

Units of Assignment: _____

Duty Stations: _____

Combat Service: _____

Items Being Offered (list each item separately, and continue on the reverse if needed):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____



**National Infantry Museum
Artifact Donation Form**

- 8. _____
- 9. _____
- 10. _____

Associated Item History and Significance:

- * High resolution images of the item(s) MUST be submitted before your proffer will be reviewed. ***
- * DO NOT mail your artifacts without prior written acknowledgement and approval. ***

Mail or email this completed form, along with images, to the address below:

National Infantry Museum
Attn.: US Army Office
1775 Legacy Way
Columbus, GA 31905
usarmy.benning.mcoe.mbx.infantrymuseum@army.mil