

THOMAS COUNTY  
**CHRONICLES  
COVID**  
#THOCOCHRONICLES

Donation Form

Collection Site: \_\_\_\_\_

Full Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ I would like this donation to remain anonymous.

This gift is given in memory of: \_\_\_\_\_

Please Initial:

\_\_\_\_\_ I own the personal property described below and desire to give said personal property to the Thomas County Chronicles COVID Project for its use and benefit without restriction as to use or disposition.

\_\_\_\_\_ I do hereby irrevocably and unconditionally give and transfer to the Thomas County Chronicles COVID Project all right, title, and interest, including all copyright, trademark, and related interests, in and to the following described property.

Description of Gift:

By my signature below, I accept the above conditions.

\_\_\_\_\_ Date \_\_\_\_\_

Received By: \_\_\_\_\_  
Name Title Date