Donor Questionnaire

Please complete the following questionnaire to the best of your ability. For many reasons it is important that the Art Museum of South Texas has a complete history of the ownership of works of art offered as gifts. To that end, it would also be helpful if you will forward any additional information or documentation which you may have with respect to your ownership, the exhibition or publication history of the object, and any known prior ownership information.

Donor(s) name(s): ____________________________________________________________

Donor(s) contact information:
Address: ____________________________________________________________
Phone number: ____________________________________________________________
Email address: ____________________________________________________________

Object Information: (fill out any known information about artwork)
Artist: ____________________________________________________________
Title of artwork: ____________________________________________________________
Date when artwork was created: ____________________________________________________________
Medium: ____________________________________________________________
Dimensions: ____________________________________________________________
Condition of artwork: ____________________________________________________________

How long have you owned this object? ____________________________________________________________

How did you acquire it?

Purchase ☐ Yes ☐ No
If purchased, when and from whom:
Date of purchase: ____________________________________________________________
Name of individual/gallery: ____________________________________________________________
Address: ____________________________________________________________
Phone number: ____________________________________________________________
Email address: ____________________________________________________________
Inheritance  □ Yes  □ No
If inherited, when and from whom:
Date of legal possession of object(s): ____________________________________________
Name of deceased: ____________________________________________________________
Contact information for executor or lawyer for the estate:
Name of executor or lawyer: ______________________________________________________
Address: _____________________________________________________________________
Phone number: __________________________________________________________________
Email address: __________________________________________________________________

Gift  □ Yes  □ No
If a gift, when and from whom:
Date when artwork was gifted: _________________________________________________
Name of individual/gallery: _____________________________________________________
Address: _____________________________________________________________________
Phone number: __________________________________________________________________
Email address: __________________________________________________________________

Found  □ Yes  □ No
If found, when and from where:
Date acquired: __________________________________________________________________
Where was the object found? _________________________________________________

Other  □ Yes  □ No
Please list how object came in your possession, if not purchased, inherited, gifted, or found:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

If this object was purchased, do you have a bill of sale, certificate, or any items relating to the transaction or authenticity? □ Yes  □ No
If yes, please attach a copy to this questionnaire.
Were there any previous owners?  □ Yes  □ No

Please list all known previous owners, their contact information (address, phone number, and email address [if known]) and their relationship to the donor(s):

Do you have any published information or press clippings about the object?  □ Yes  □ No
If yes, please attach a copy to this questionnaire.

Do you know the exhibition history of the object?  □ Yes  □ No
If yes, please list:

Have you performed any repairs, made changes to the object or contracted a conservator to perform cleaning or repairs while this object was in your care?  □ Yes  □ No
If yes, please list names, dates, cleanings, changes, etc., and attach copies of any pertinent paperwork and photographs.
Do you know if this work was conserved/restored prior to your ownership?  
☐ Yes  ☐ No
If yes, please list all known treatments, dates, and conservators

Are you willing to make a donation in the amount needed for costs associated with framing, conservation or other immediate needs?  
☐ Yes  ☐ No

By my signature I acknowledge that I have sole ownership and proprietorship of the object listed in this document.

Donor(s) signature: ________________________________  Date: ________________________________

The Art Museum of South Texas does not appraise art, antiques or artifacts. Shipping, packing, and transport costs for an accepted gift to come to the Art Museum of South Texas is the responsibility of the donor unless a prior agreement has been made between the donor and the Art Museum of South Texas.