

**GIRL GUIDES OF CANADA, NOVA SCOTIA COUNCIL
ARCHIVAL DONATION FORM**

Person bringing in material(s):

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Date material received at headquarters: _____

If the material is not going to be retained by the Archives Committee,
should it be returned to the donor? YES ____ NO ____

Donor information (if available):

Name: _____

Area/Division/District in Nova Scotia or other donor was a member in: _____

Positions(s) donor held: _____

Brief description of material(s): _____
