

**Museum of Lake Minnetonka
Acquisition Recommendation Form**

Date: _____

Donor Name: _____

Donor # (if assigned): _____

Preliminary donation contains:

Archivist/MLM representative recommends:

- Accept All Accept Some Accept None Undecided

If some, which items:

Reasons for recommendation(s):

MLM Representative Signature: _____

For Archives Committee Only

Accept All

Accept Some (specify)

Accept None

Reasons (if different from recommendation):

Archives Committee Signatures:

Date: _____