OKLAHOMA DEPARTMENT OF CORRECTIONS DONOR GIFT FORM

(TYPE OR PRINT)

Date:/	No.:
	(For Museum Use)
DONATIONS TO THE OKLAHO	OMA DEPARTMENT OF CORRECTIONS
Name of Donor:	
A dalago o o	
	Zip Code:
Phone Number ()	
Item(s) Donated: List each item sepa	arately using additional sheet(s) if necessary.
the specific use of the Oklahoma	items described above to the State of Oklahoma for Department of Corrections to be administered in licies and procedures and the laws of the State of and the donation procedure.
Donor's Signature	Date
Received by	 Date

Brief Historical Background of items: (When possible, include who used the items and when and where they were used. Use additional sheets if necessary)	
Additional Information:	
Additional information.	