



SOUTH AFRICAN ARMOUR MUSEUM DONATION REQUEST FORM

Donor Information:

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Associated Soldier's Information:

Name and Rank: _____

Birth Date and Location: _____

Death Date and Burial Location: _____

Dates of Service: _____

Military Occupational Specialty (MOS): _____

Branch and Units of Assignment: _____

Duty Stations/Combat Service: _____

Items Being Offered (add separate pages if needed):

1. _____
2. _____
3. _____
4. _____
5. _____

* Please provide images of the item(s) being offered along with this form.

Associated Item History and Significance (add separate pages if needed):

* Please email this completed form to the email address below.

DO NOT send your artefacts without prior written acknowledgement and approval.

Email: saarmourmuseum@gmail.com

PRESERVING YOUR ARMOUR HERITAGE