World Service Conference Archive Committee

Shipped Donation Inventory Form

Area _____ **Area Archivist** _____ **Phone #** _____

Name of Donating Member _____ **Phone #** _____

Archive spans dates between _____ **Shipped to WSO on** _____

Shipping Contact: _____ **Email** _____

Detailed Description of Archive – From Where, What Event, Color, Size, Date, etc.

- Please Print Clearly or Attach Printout -

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Shipper _____ **Date** _____ **Total # of items in this box** _____

For WSO use only:

Approved for shipment by DOO on _____ **Weight** _____ **Tracking #** _____

Archive ID Form # _____ **Received at CAWSO on** _____ **Contents Verified by** _____

Sorted & Inventoried by _____ **Title** _____ **Date** _____