

Deed of Gift

Paul Byrnes '34 Archives

Albany College of Pharmacy and Health Sciences

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Date: _____

The following gift(s) is/are made to the Paul Byrnes '34 Archives, Albany College of Pharmacy Health Sciences with no limiting conditions and in full knowledge that complete title of ownership – including the right to determine owner of the object(s), and that to the best of my knowledge, all right, title and interests are mine to give.

Description of object(s):

* It is my preference that any items which the Paul Byrnes '34 Archives decides not to retain shall be:

Returned to me Destroyed Other (Specify)_____

Signature of donor

Signature of Archivist

Name of donor

Date

Address of donor

Phone

E-Mail