



Ruth Lilly Medical Library – Indiana University School of Medicine

Donor Agreement

I hereby donate the materials described below to Ruth Lilly Medical Library, Indiana University School of Medicine, as an unrestricted gift, and transfer to the Trustees of Indiana University legal title, copyright, and literary property rights to the contents as far as I hold them, except for any limiting conditions specifically stated below. I further grant Ruth Lilly Medical Library the right to transfer materials to any format or medium now known or later developed for preservation and access in accordance with this agreement. Ruth Lilly Medical Library reserves the right to determine the retention and disposition of all donated materials. Please note that the library does not conduct appraisals for tax purposes.

Description of materials: _____

Limiting conditions or restrictions: _____

Donor Contact Information:

Name:	
Address:	
Telephone:	
Email:	
Affiliation:	

Donor Signature _____ Date: _____

Library Representative Signature _____ Date: _____

<i>Disposition (staff use only)</i>	_____ <i>Special Collections</i>	<i>Accession Date</i>	
	_____ <i>General Collection</i>	<i>Accession Number</i>	