

Alvin Museum Society Scanned Picture Permission Form

Your Name _____

Mailing Address _____

Phone Number _____

I grant permission to the Alvin Museum Society to use the listed images in any way the Alvin Museum Society believes will benefit the Society and its programs. Please include all known information about each photo such as date, names of people, location, event, etc. If unsure, put approximately or possibly.

1. _____

2. _____

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7. _____

8. _____

Signature of donor _____ Date _____