



**Deed of Gift
Archival Works
Received as Gifts-in-Kind**

Memorial University of Newfoundland Folklore and Language Archive (MUNFLA)

Date: _____ Accession Number: _____
Donor Name: _____ Contact Name: _____
Email: _____ Phone(s): _____
Address: _____
Accession Title: _____ Anonymity Requested: ___ Yes ___ No

Description of Work(s) Donated:

Statement of agreed restrictions: Any restriction on access imposed on the material must include a time limit not to exceed ___ years.
Initials of Donor _____

Transfer of Ownership: The Donor warrants that they are the legal and sole owner of the work(s); that they have the capacity to grant ownership of the work(s); and that they grant ownership of the work(s).
Initials of Donor _____

Further Accruals:
The donor agrees with respect to any further accruals (additional work(s) related to the work(s) described above), being documents of possible historical value, that Memorial University will receive first refusal rights to acquire such work(s).
Initials of Donor _____

Return of work(s) not selected:
The work(s) are being temporarily held pending a decision by this Archive. Work(s) in temporary receipt are left at the owner's risk. If you request the return of work(s) not selected for addition to this Archive's collection, the work(s) must be retrieved within 60 days of notification by this Archive. If not retrieved within the 60 day period this Archive will dispose of the work(s) as its own discretion.
____ I request the return of work(s) not selected by Memorial University.

Tax Receipt Information:

Tax receipts can be issued, upon request, for gifts added to the collection which comply with Canada Revenue Agency requirements, and for which the fair market value exceeds \$200.00. Where the fair market value is not clearly established or documented, it will be determined by a qualified appraiser. The Archive’s estimate of fair market value is final and not subject to negotiation. Receipts will be issued for the year in which the Deed of Gift is signed.

No evaluation of my donation or tax receipt is requested.

I request an evaluation of my donation, and a receipt for income tax purposes.

* NOTE: Faculty of Medicine Founders’ Archive is exempt from providing Tax Receipts.

Transfer of Copyright: The Donor warrants that they are the legal and sole owner of copyright in the work(s); that they have the capacity to grant copyright in the work(s); and that they grant copyright in the work(s) to Memorial University.

Initials of Donor _____

OR

Subject to the Restrictions agreed above

Copyright: The Donor retains copyright in the work(s) but grants Memorial University rights to the work(s) as stated below:

Memorial University is granted the right to digitize the work(s); to publish in a publication by the University or by someone authorized by the University, the work(s) in print and digital formats, including but not limited to the web, and e-book; to exhibit the work(s) in any format; to use the work(s) for research and educational purposes; and to make the work(s) accessible in any format to all users.

Initials of Donor _____

Memorial University gratefully acknowledges the donation of the work(s) listed above and agrees to make the work(s) available to the Donor and/or their representatives’ at all reasonable times.

Donor/Signatory:

Date: _____ **Location:** _____

Memorial University Representative Signature: _____

PRIVACY: Personal information collected by this archive is used solely to administer and provide services and for no other purpose. If you have any questions about the collection, use, or distribution of personal information, please contact the Office of the Chief Information Officer, (709) 864-2733.