



## **The Blue Mountains Public Library, Craigleith Heritage Depot**

113 Lakeshore Road East, Blue Mountains, ON L9Y 0N1

519-599-3681 x 6 / [depot@thebluemountains.ca](mailto:depot@thebluemountains.ca)

### **Digital Donation and Content Release Form**

By filling out and signing this form you are giving a digital copy of your item to be held and used by The Craigleith Heritage Depot in perpetuity.

#### **General Information and Contact**

Full Name of Individual or Institution:

Address:

Phone:

Email:

#### **Items for Digital Donation**

Description/Provenance: How did you come to own the above item(s)? Do you know the items' history of ownership? Generally, do you know the history of the item(s)? How do the items relate to the history of Collingwood Township or the Town of The Blue Mountains?

## Specifications and Permissions

Name of Original Maker (if known)	
Original Format	<input type="checkbox"/> Photograph <input type="checkbox"/> Print (copy) <input type="checkbox"/> Negative (original) <input type="checkbox"/> Other: <input type="checkbox"/> Document <input type="checkbox"/> Print (copy) <input type="checkbox"/> Other
Digital Format	<input type="checkbox"/> JPG <input type="checkbox"/> TIFF <input type="checkbox"/> RAW <input type="checkbox"/> Other: <input type="checkbox"/> PDF <input type="checkbox"/> Word <input type="checkbox"/> Other
Initial:	Yes, I own the rights to the digital material provided to the Craigeleith Heritage Depot and the Blue Mountains Public Library
Initial:	Yes, I transfer the rights to the digital material provided to the Craigeleith Heritage Depot and the Blue Mountains Public Library
Initial:	Yes, I give permission to the Craigeleith Heritage Depot and the Blue Mountains Public Library to use the digital items on multiple platforms, and to share and provide the public with access to these items.
Initial:	Yes, I wish to remain anonymous as donor and/or storyteller.
Initial:	Yes, I wish to be published as the donor and/or /storyteller

**Additional historic information, if known, or any restrictions required:**

**Please sign, date, and return to the Craigeleith Heritage Depot (email: [museum@thebluemountains.ca](mailto:museum@thebluemountains.ca) or in person)**

Donor signature: \_\_\_\_\_ Date:

Witness signature: \_\_\_\_\_ Date:

Acceptance by: \_\_\_\_\_ Date:

Curator signature: \_\_\_\_\_ Date:

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