

COSTUME MUSEUM OF LYKEION TON ELLINIDON

SPECIAL FORM FOR ITEM DONATIONS

Thank you for your interest in donating items to the CMLE. Once you have read and agreed with the Terms and Conditions for Item Donations, please complete this form, which aims to collect information about the items, the donor, and/or the previous owner of the items. The information you provide will further help us to determine whether the items being offered serve the mission and the aims of the Museum and whether they complement the collection in accordance with our collecting policy.

Please send the completed form by email to museum@lykeionellinidon.gr or by post to: Costume Museum, 7 Dimokritou Street, 10671 Athens.

Donor [Name and surname]: Phone no. Er	nail addre	ess:	
Address:			
Occupation/Position:			
(you may attach a brief CV)			
Are you the legal owner of the item?	Yes 🗆	No	
Did the item have a previous owner? If yes, please complete the following details.	Yes \square	No	
Previous owner [Name and surname]:			
Occupation/Position:			
Birthplace:	Date of b	oirth:	
Your connection to the previous owner:			
Number of items included in the donation:			
Type of items included in the donation:	•••••	• • • • • • • • • • • • • • • • • • • •	
Greek regional costumes]	
• jewellery from the historic Hellenic world	1 🗆]	
 ethnic garments from other countries]	
• fashion (please specify the time period)]	
• fabrics]	
• other (please specify)			

INFORMATION ABO				
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<i>5</i> 1				
2				
Occasion of use:			•••••	
HISTORY OF ITEM A	ACQUISITION			
Purchase		Where	When	
Donation		By whom	When	
Legacy		From whom		
Field research/collection				
Other				
ACCOMPANYING M	TATEDIAI			
Is there any accompany		r your donated item?		
5 1 5	Yes \square	5		
Purchase invoice				
Publications				
Do you wish to include			Yes □	No □
If yes, may the Museur	•		Yes □	No □
5		anges to usage that the item has	s undergone?	
Yes □ No) L			
		tions, including who performed	d them and when.	
If yes, please briefly de	escribe the altera	tions, including who performed		
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