



EASTERN SHORE BASEBALL HALL OF FAME

Donor Form

Date: _____

I, _____, wish to donate the following items to the Eastern Shore Baseball Hall of Museum:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Donor

Address

City, State, Zip Code

Telephone Number

Museum Representative