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Donor’s signature: _____ **Date:** _____

Donor’s printed name and address: _____

Donor’s Phone Number: _____

The Wayne Community College Historical Archives gratefully acknowledges receipt of this gift and agrees to the stipulations outlined above.

Director’s signature: _____ **Date:** _____

*Wayne Community College Historical Archives
P.O. Box 8002 ~ 3000 Wayne Memorial Drive
Goldsboro, NC 27533-8002*