



CENTRAL NEW YORK AREA 47 ARCHIVES

Temporary Custody Transfer Record

1. This form will be used to record all archival material donated to the Central New York Area 47 Archives. Please fill out form completely to include the name and contact information so the archivist can contact you to process the **Deed of Gift** documents. All names and contact information will be kept in strict confidence to protect any A.A. member's anonymity.
2. Please route the completed form to any Member of the AREA Committee, who will contact the Archivist or Archives Committee or directly to the Archivist, to coordinate the transfer the donated material and this document to the Archives.
3. The Archive Committee appreciates this donation and your service to A.A. by helping to preserve this history.

PERSON ACCEPTING MATERIAL

Date/Time: _____

Name: _____ Phone #: _____

PERSON DONATING THE MATERIAL

Name: _____

Address: _____

Email: _____ Phone #: _____

DESCRIPTION OF DONATED MATERIAL

What AA group/district is the material affiliated with? _____

Are these the private property of an AA member? If so who? _____

Is there any **NON AA RELATED** material in this donation? If yes, please describe.

Please list the approximate quantity of material: _____

General description of the donated material: _____
