



# BOB MIZER FOUNDATION

## DEED OF GIFT

To Bob Mizer Foundation ("BMF"):

I, the undersigned, am the owner, or is acting on behalf of the owner of the property ("Materials") described as follows,

**Title:**

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**Description:**

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At the time of the signing of this form, I irrevocably grant, convey, and transfer ownership and title of the above described Materials to BMF, for the purposes of Bob Mizer Foundation.

### Copyright Information and Transfer

For those Materials, described above, which I have created or to which I hold copyright,

I wish to transfer, convey and assign to BMF all copyright and related rights that I control in the above-described Materials.

I wish to retain copyright until \_\_\_\_\_, at which time copyright is granted to BMF. I do grant physical property rights of the collection to BMF. I grant permission to BMF to use the Materials in accordance with BMF policies and for commercial purposes to promote and benefit BMF. This includes display of Materials and reformatting of the Materials for digitization purposes.

I do not control copyright in some or all of the donated Materials. To the best of my knowledge, the copyright is controlled by:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Additional Copyright notes or restrictions:

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**Access for Research and Use**

I hereby agree to grant, assign and transfer to BMF and its designees the right to view, duplicate, publish online or in print, and otherwise use these items for scholarly and educational uses. Unless indicated below, the materials described above may be made available for research and display use limited only by the policies and procedures of BMF. This includes public display of Materials and reformatting of the Materials for digitization purposes.

Restrictions: \_\_\_\_\_

**Items Removed From the Collection**

Items removed by BMF from the collection of materials described above, may be disposed of by Bob Mizer Foundation.

are to be returned to me.

**DONOR(S):**

(Print Name) \_\_\_\_\_

(Donor Signature) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone) (Email) \_\_\_\_\_

(Date) \_\_\_\_\_

(If applicable) Acting on behalf of (person or organization):

\_\_\_\_\_

Donor's Relationship: \_\_\_\_\_

**Accepted for Bob Mizer Foundation by:**

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Title/position)