

LESBIAN

HERSTORY

ARCHIVES

LHEF, Inc.
484 14th Street
Brooklyn, New York 11215

PHOTOGRAPHY DONOR AGREEMENT

Name of Donor: _____ Date: _____

Name of Photograph or Photography Collection: _____

Address: _____ Phone Number: _____

City: _____ Email: _____

State: _____ Zip: _____

Collection # _____ (to be filled in by LHEF)

I agree to donate the material described below to the Lesbian Herstory Archives/Lesbian Herstory Educational Fund (LHEF, Inc.) to become its permanent property. All property rights of the material or objects donated are granted to LHEF. This material may be made available for browsing and research, subject to restrictions that may appear below.

Any items in this collection not retained by LHEF are to be (check one):

_____ Returned to the donor _____ Disposed of at LHEF's discretion

We cannot accept photographs larger than 20x24, framed prints, unidentified negatives, or materials that are badly damaged or affected by mold.

Description of Material:

Identify the people and places/events depicted; indicate if unknown. Use space below and additional pages if necessary. Please be elaborate, we may have to rely solely on your information to identify these photographs.

Name of Photographer: _____ Date: _____

Photographer Contact Info: _____

Subject Name(s): _____

Location: _____

Copyright Information:

Any copyright the donor holds to publish or reproduce in any format including print, video, film, or other recorded format is reserved by the donor, requiring written consent prior to each publication until death whereupon (check one):

_____ It is assigned to LHEF, Inc. (recommended)

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_____ Other (as stipulated)

LHEF, Inc. (check one) _____ **may** / _____ **may not** list my name and a general description of this material on the LHA website. I understand that any restrictions that may appear below remain in effect.

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The person/people in this photograph (check one) _____ **have** / _____ **have not** agreed to let their images be published/reproduced.

Restrictions:

Access to this material is restricted as follows:

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Donor Signature: _____

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