

Today's date:



The National Society of The Colonial Dames of America - Sampler and Pictorial Needlework Survey Form

| | | | |
|---|--------|----------------------------------|---|
| Owner's name: | | <input type="checkbox"/> Dame | <input type="checkbox"/> Historical Society |
| Street: | | <input type="checkbox"/> Library | <input type="checkbox"/> Museum |
| City: | State: | Zip: | <input type="checkbox"/> Individual <input type="checkbox"/> Organization |
| Telephone: () | | Email: | |
| Organization's contact name: | | | |
| Organization's web address: | | | |
| <i>Please fill in as much information as you can about the textile. If unknown, write 'unknown'.</i> | | | |
| MAKER'S INFORMATION: | | | |
| Maker's name or initials: | | Date of sampler: | Maker's age: |
| Place made: | | Teacher & School: | |
| DESCRIPTION OF TEXTILE: | | | |
| Dimensions of textile (without frame): Length: | | Width: | |
| Is it in its original frame? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know | | | |
| Note: If yes, please click Frame Description to fill in the form. | | | |
| FORMAT (Check all that apply): | | | |
| <input type="checkbox"/> Sampler (band) <input type="checkbox"/> Spot sampler <input type="checkbox"/> Darning sampler <input type="checkbox"/> Family Record <input type="checkbox"/> Map <input type="checkbox"/> Silk on silk embroidery | | | |
| <input type="checkbox"/> Pictorial <input type="checkbox"/> Floral basket & urn <input type="checkbox"/> Other | | | |
| Predominant colors, designs, & motifs: | | | |
| MATERIALS: | | | |
| Ground cloth color: | | | |
| Ground cloth fiber: <input type="checkbox"/> linen <input type="checkbox"/> silk <input type="checkbox"/> wool <input type="checkbox"/> cotton <input type="checkbox"/> linsey/woolsey <input type="checkbox"/> can't tell | | | |
| Ground cloth weave structure: <input type="checkbox"/> plain <input type="checkbox"/> satin <input type="checkbox"/> can't tell <input type="checkbox"/> other | | | |
| Stitching thread(s): Color(s): | | | |
| Fiber(s): <input type="checkbox"/> linen <input type="checkbox"/> silk <input type="checkbox"/> wool <input type="checkbox"/> cotton <input type="checkbox"/> other | | | |
| Other materials (check all that apply): <input type="checkbox"/> beads <input type="checkbox"/> metal-wrapped threads <input type="checkbox"/> ribbon <input type="checkbox"/> silk purl | | | |
| <input type="checkbox"/> silk chenille <input type="checkbox"/> spangles <input type="checkbox"/> sequins <input type="checkbox"/> other | | | |
| Stitches (check all that apply): | | | |
| <input type="checkbox"/> Back <input type="checkbox"/> Chain <input type="checkbox"/> Cross <input type="checkbox"/> Eyelet <input type="checkbox"/> Flame <input type="checkbox"/> French knot <input type="checkbox"/> Laid & couched <input type="checkbox"/> Long & short | | | |
| <input type="checkbox"/> Queen <input type="checkbox"/> satin <input type="checkbox"/> Stem <input type="checkbox"/> Tent <input type="checkbox"/> Whip <input type="checkbox"/> other stitches(s) | | | |

Maker's name, date:

| | |
|---|-------|
| Transcription of any text (verse, extract, adage, initials): | |
| Labels & inscriptions on back of frame: | |
| History of Ownership: | |
| Please note your response to these questions: As the owner of this textile, do agree to it being posted on the NSCDA Sampler Survey website? <input type="checkbox"/> yes <input type="checkbox"/> no Do you want the owner's name listed as its owner in the Sampler Survey? <input type="checkbox"/> yes <input type="checkbox"/> no Name as it should be written on the Sampler Survey: If 'no' the owner will be listed as "Private Collection" Would you permit your sampler to be listed in a publication? <input type="checkbox"/> yes <input type="checkbox"/> no Would you permit your sampler to be photographed for a publication? <input type="checkbox"/> yes <input type="checkbox"/> no Has your sampler been exhibited? <input type="checkbox"/> yes <input type="checkbox"/> no Has your sampler been published? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where? | |
| Submitted by (name, title): | |
| Signature of owner or authorized agent: | Date: |

Please return & email this form with a clear, digital photograph to: SamplerSurvey@nscda.org

Or print and mail the form to:

Gina Whelan, Sampler Survey Chair, 740 Hazelhurst Avenue, Merion Station, PA 19066

Digital image included