# Georgia Chapter Safari Club International
# Jan.31st & Feb. 1st, 2014, Donation Form

*NOTE: INFORMATION MAY BE TYPED DIRECTLY INTO BOXES*

*Donor Name (If a company, give legal name)*

*Short Description of Donation* ***

*Name of Key Contact Person*

*Year May Be Taken*

*Number of Participants Covered*

*Donor Mailing Address*

*Can donation be upgraded?*

*Cost for Extra Participant(s)*

Circle: *Yes or No*

*City* *State/Province*

*Permit or Drawing*

*Cost for Observer(s)*

*Country* *Postal/Zip code*

*Fair Market Value of Donation in USD*

*Business Phone (If outside U.S., show country code*

*Fees required*

*Fax number*

*Contact Person's Email address*

*Signature of Donor or Authorized Rep*

*** *Complete description of donation here:*

Purchaser Information: *(Georgia Chapter of SCI Information Only)*

Purchase Price: $ _____USD *Paid with* *Cash* *Visa* *MC* *AE*

_____ _____

*Purchaser Signature* *Purchaser's name printed as appears on credit card*

_____ _____

*Billing Address of Purchaser* *Purchaser's Phone Number*

_____ _____

*City* *State* *ZIP* *Purchaser's Email Address*

PLEASE COMPLETE THE DONOR FORM, AND RETURN EITHER BY EMAIL, FAX, OR BY MAIL TO: DOUG BOYLE, 570 SLANE TRACE, ROSWELL, GA. 30076, FAX:770-518-2806 OR EMAIL DBOYLE@GEORGIASAFARICLUB.COM