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