

DONATION # (Date) _____

SAFARI CLUB INTERNATIONAL
MIAMI CHAPTER
NON-HUNT DONOR FORM
CONTACT: 786-258-6631

DESCRIPTION OF YOUR DONATED ITEM(s): _____

RETAIL VALUE \$ _____ \$500 (Free Booth), \$1,500 + (Booth & 2 Dinner Tickets)

YOUR NAME _____

COMPANY NAME _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

RECEIVED BY _____

SCI MIAMI CHAPTER
P.O.BOX 170666
HIALEAH, FLORIDA 33017

WWW.SCIMIAMICHAPTER.COM