



SCI HOUSTON HUNT & FISH DONOR FORM

Your Name: _____ Business Name: _____
 Contact Address: _____
 City: _____ State/Province: _____ ZIP/Country: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ FAX: _____
 E-mail: _____ Website: _____

DESCRIPTION (Please fill out completely; if not applicable indicate n/a):

Number of Hunters: _____ Number of Observers: _____ Hunter:Guide ratio: _____ Hunting Year(s): _____
 Location of Hunt/Trip: _____ Number of Days: _____ Actual Hunting Days: _____ Number of Nights: _____
 Game to be Hunted: _____
 Are Trophy Fees Included? Yes No If a Fee Credit, Total Credit/Hunter: \$ _____ Total Cost/Hunter (if any): \$ _____
 Alternate Hunting Year(s) – if so, when? _____ Can Hunt Be Upgraded? Yes No (if yes indicate costs below)
 Upgraded Game Availability, if any: _____
 Cost of Extra Hunter (ea): \$ _____ Cost of Extra Observers (ea): \$ _____ Cost of Extra Days (per hunter): \$ _____
 Hunt Transportation Included? Yes No If yes, type of transportation: _____
 Trophy Prep Included? Yes No Field Prep Included? Yes No Transportation to Shipper? Yes No
 License/Permit Fees? Yes, Amount \$ _____ No VAT or Other Taxes? Yes, Amount \$ _____ No
 CITES permits required? Yes No Is there a Permit Drawing or Lottery? Yes No if so, Application Deadline: _____
 Hunting Season, if any: _____ Arrival/Departures Dates, if applicable: _____ - _____
 Is additional transportation INCLUDED (such as airport transfers/charters)? Yes No If not, please describe w/cost: _____

Type of accommodations: _____ Any extra accommodations required, but not included? Yes No
 If so, please describe accommodations type and estimated cost: _____

Are meals/non-alcoholic drinks included? Yes No Alcohol included, if any: local beer/wine mixed drinks/liquor
 May hunt with: Rifle Pistol Muzzleloader Bow Recommended ammo: _____ Limit, if any: _____
 Restrictions, if any: _____
 Weapon(s) Permits required? Yes No If Yes, are Permits provided in the donation? Yes No, Cost: _____

Value \$ _____ This is a: 100% Donation OR ___/___ Chapter/Donor Split* \$ _____ Minimum Bid/Reserve (if any)*

*PREFERRED METHOD OF PAYMENT INFORMATION (THIS INFORMATION WILL GREATLY EXPIDATE PAYMENT SHOULD YOUR DONATION BE ACCEPTED!)

BANK WIRE TRANSFER: Receiver's Name: _____ Acc't Number: _____
 Bank Name: _____ Bank Location: _____ Swift Code: _____

MAIL A CHECK to (please fill in if different from above contact info): NAME _____
 STREET: _____ CITY: _____ STATE/PROVINCE/COUNTRY: _____

Additional Notes: _____
 Donor Signature: _____ Printed Name: _____ Date: _____
 Accepted by: : _____ (SCI HOUSTON representative)

DONOR COPY

E-mail to fundraiser@scihouston.org,
 Mail to SCI Houston First for Hunters, c/o David Kelly, 19711 Enchanted Oaks Dr, Spring, TX 77388-6112 USA



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 Mail to SCI Houston First for Hunters, c/o David Kelly, 19711 Enchanted Oaks Dr, Spring, TX 77388-6112 USA



SCI HOUSTON FUNDRAISER MERCHANDISE DONOR FORM

Your name: _____

Business Name (if applicable): _____

Home Address: _____

City: _____ State/Province: _____ ZIP/Country: _____

Business Address: _____

City: _____ State/Province: _____ ZIP/Country: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ FAX: _____

E-mail: _____ Website: _____

Item(s) you wish to donate (attach more sheets if necessary):

1. _____

Value \$ _____ This is a: 100% Donation OR ___/___ Chapter/Donor Split* \$ _____ Minimum Bid/Reserve (if any)*

Description: _____

2. _____

Value \$ _____ This is a: 100% Donation OR ___/___ Chapter/Donor Split* \$ _____ Minimum Bid/Reserve (if any)*

Description: _____

3. _____

Value \$ _____ This is a: 100% Donation OR ___/___ Chapter/Donor Split* \$ _____ Minimum Bid/Reserve (if any)*

Description: _____

Signature of donor: _____ Date: _____

DONOR COPY



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Business Address: _____

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Home Phone: _____ Business Phone: _____

Cell Phone: _____ FAX: _____

E-mail: _____ Website: _____

Item(s) you wish to donate (attach more sheets if necessary):

1. _____

Value \$ _____ This is a: 100% Donation ____ / ____ Chapter/Donor Split* \$ _____ Minimum Bid/Reserve*

Description: _____

2. _____

Value \$ _____ This is a: 100% Donation ____ / ____ Chapter/Donor Split* \$ _____ Minimum Bid/Reserve*

Description: _____

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DONOR COPY