



CALF SCRAMBLE AWARD CONTRIBUTION

Date _____ Contract # _____
(office use only)

I agree to support the Calf Scramble Program with the following cash contribution:

\$ _____

May be any monetary amount. Amount must be provided by the donor and cannot be changed by committee member.

DONOR INFORMATION

The donor and responsible party is: the individual listed below **OR** the organization listed below

Donor Name or Organization Name: _____

Contact Name: _____ Contact Phone Number: _____

Show Customer/HLSR Member # _____ Email _____

Mailing Address (for passes/correspondence): _____

City _____ State _____ ZIP _____

Business Phone _____ Fax _____

The donor signature is acknowledgement that the donor understands the donor disclosures and has selected a payment method below.

Donor Signature _____ Date _____
(May not be signed by committee member.)

DISCLOSURES

1. The Houston Livestock Show and Rodeo™ is a Section 501(c)(3) charitable organization. The amount of contribution that may be deductible for federal income tax purposes is the excess value contributed by the donor over the value of goods or services received.
2. Contribution must be paid in full before benefits are received.

DONOR BENEFITS

Depending on the amount contributed, the buyer is entitled to the following benefits. If benefits are neither accepted nor declined, the Show will assume all benefits are accepted.

AMOUNT	BENEFITS	VALUE	ACCEPT	DECLINE
\$500-\$999	Invitation to Scramble Show (daily pass and parking)	\$14	_____	_____
\$1,000 - \$2,499	Invitation to Scramble Show (daily pass and parking)	\$14	_____	_____
	One Silver VIP Badge*	\$40	_____	_____
	Invitation to Scramble Awards Brunch for Two	\$50	_____	_____
\$2,500 - \$4,999	\$1,000 - 2,499 Level Benefits	see above	_____	_____
	One Additional Silver VIP Badge*	\$40	_____	_____
\$5,000 - \$9,999	\$2,500 - \$4,999 Level Benefit	see above	_____	_____
	Two Additional Silver VIP Badges*	\$80	_____	_____
\$10,000 +	Request Level of Benefits From Show Office		_____	_____

*A Silver VIP Badge provides access for two to NRG Center and NRG Arena during the Show. It does not provide access to NRG Stadium.

COMMITTEE

Committee Member _____ Member # _____

Phone # _____ Sales Team _____

PAYMENT INFORMATION

CARDHOLDER SIGNATURE: _____

CARDHOLDER NAME: _____ CUSTOMER NUMBER (if applicable): _____

CARDHOLDER ADDRESS: _____ CITY, STATE ZIP: _____

CARDHOLDER PHONE NUMBER: _____ CARDHOLDER EMAIL ADDRESS: _____

AMOUNT RECEIVED: _____ CASH CHECK # _____ MASTERCARD VISA AMERICAN EXPRESS

CREDIT CARD # _____ EXPIRATION DATE: _____

Please invoice me. I understand payment is due upon receipt of invoice.

