



**Thank You for your support of law enforcement  
and this important lifesaving initiative.**

**Event date: April 13, 2023 at the Brazos County Expo Center**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ County \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Donation:**

_____ Event Headliner:	\$ 20,000.00	\$ _____
_____ Event Sponsor:	\$ 10,000.00	\$ _____
_____ Car Sponsorship:	\$ 7,500.00	\$ _____
_____ Windshield Sponsor:	\$ 5,000.00	\$ _____
_____ VIP Table Sponsor:	\$ 2,500.00	\$ _____
_____ Table Sponsor:	\$ 1,500.00	\$ _____
_____ Blackjack Table Sponsor:	\$ 1,000.00	\$ _____
	<b>Total Donation:</b>	\$ _____

**In kind Donation:**

Description: \_\_\_\_\_  
Value: \_\_\_\_\_

The amount of any contribution that is tax deductible is limited to the excess of any money over the value of goods or services provided. The above values are estimations by the donor and do not necessarily reflect the fair market value of the item at the time of sale. No goods or services were provided to the donor by Operation Safe Shield.

Checks can be mailed to: **Operation Safe Shield**  
**7750 Raymond Stotzer Pkwy,**  
**College Station, TX 77845**

Sincerely,

**Dr. Clifford Dorn**  
**President**  
**Operation Safe Shield**

Email: [admin@operationsafeshield.org](mailto:admin@operationsafeshield.org)

<https://operationsafeshield.org>



Operation Safe Shield is a 501(c)(3) public charity **Tax Exempt No.87-2021191**

# Please Pre-register all attendees

Each table has seating for 10

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

8. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Law Enforcement Officer (each table should have an officer and their guest)**

9. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

10. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_