SHELDRAKE POINT WINERY

DONATION REQUEST FORM

Must be submitted 30 days prior to event

ORGANIZATION:		
Non-Profit For-Profit		
County:	Tax ID #:	
(please attach completed Tax Exempt f	form if applicable)	
CONTACT PERSON/ TITLE:		
Phone:	Email:	
Mailing Address:		
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Signature:		
EVENIT NAME.		
EVENT NAME:		
Date of Event:		
Event Description:		
Event Beneficiary:		
DONATION REQUEST:		
Wine for Silent Auction: OR Win	nery Participation in Event: 🔃	
Other:		
(Regretfully, we are unable to provide of	cash donations or sponsorships.)	
Please describe promotional opportuni	ities that are presented in exchange:	
A person from the organization will pic	k up the donation at the winery:	
	ery to ship donated goods at my expense:	ORA

Please fax completed form to (607)532.8967, ATTN: Chelsea Pratt Or email completed form to chelsea@sheldrakepoint.com

Forms MUST be submitted at least 30 days prior to event for consideration.

SPWDonation2021



