

The Wine Bin

REQUEST FOR DISCOUNT/DONATION FORM

Date: _____

Name of Organization: _____

Address: _____

City: _____ County: _____ State _____ Zip _____

Organization web site: _____

Organization phone number: _____ Fax: _____

Contact Person: _____ Phone: _____

Contact Person e-mail: _____ Are you a Wine Bin customer? _____

Is the organization tax exempt under IRS Code Section 501© 3? _____

Non-profit Taxpayer's I.D. number _____

What is the mission statement of the organization? _____

Your annual budget? _____

The Event

Name of the event: _____

Date: _____ Time: _____ Est. # of attendees _____

Location: _____

Annual Event? _____ Year it began? _____

How do you intend to promote the event? _____

The Donation

What type of donation is requested? _____

How will the donation from The Wine Bin be recognized? _____
