WAKED WINERY®

DONATION REQUEST FORM

Organization Name:	
Address:	
City/State/Zip:	Phone:
Organization Federal Tax ID#:	
501 (c) (3) Tax Exempt Form Attached:	
Event Name/Location:	
Description of Event:	
Beneficiary/Purpose:	
Event Date:	# of Attendees:
Donation Deadline:	Print Deadline:
Event Website:	
Event Contact:	
Contact Email:	
Contact Phone:	

Please email this form along with a copy of 501 (c) (3) status letter and a donation request letter on organization letterhead to <u>customerservice@nakedwinery.com</u>.