



Donation Request Form

Request Date: ____/____/____

Donation Contact Information:

Name: _____ Email: _____

Address: _____ Phone: (____) _____

City/State/Zip: _____ Fax: (____) _____

Organization / Charity Information:

Name: _____ Website: _____

Address: _____ WI or MN Sales Tax Exempt? Yes No
(Circle one) (Check one)

City/State/Zip: _____ 501(c)(3) Tax ID#: _____

Phone: (____) _____ Email: _____

Event / Donation Information:

Name of Event: _____ Date: _____

Address: _____ Type of donation requested? (Check one)

Live Auction Silent Auction

City/State/Zip: _____ Event Website: _____

How will 65 Vines Winery be promoted at your event? (Check all that apply)

Catalog Newsletter Website Program Display Media/PR Release Banner Campaign

*If your organization meets the geographic/type of organization outlined on the overview form, please complete this "Donation Request Form" and **SCAN/EMAIL:** info@65vines.com -or- **MAIL:** 65 Vines Winery; Attn:Donations; 1105 Coulee Trail; Roberts, WI. 54023. In addition to this form, please attach: 1.)A copy of your 501c3 document and 2.)Include a copy of your organization's Certificate of Tax Exemption from the State of WI or MN Department of Revenue. Within two weeks of receiving this information, 65 Vines Winery will: review the application,*

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