

EQUUS RUN VINEYARDS

DONATION REQUEST FORM

Date _____

Print on Organization Letterhead. Completely Fill Out Form, Fax to 859-846-5284

Charity Name:	
Address:	
City:	State:
Zip Code:	Website:
501C3 ? # _____	
Contact Name:	Email:
Phone:	Fax:
Name of Event:	
Event Date: (mm/dd/yyyy) / /	Attendance Goals:
Affiliation: ____ Local ____ National	Will You Have: ____ Live Auction ____ Silent Auction
Mission of Charity:	
How will Equus Run's involvement be publicized? (posters, flyers, print ads, program, etc.):	
Charitable dollar amount of item(s) \$ _____	