



DONATION FAX/ MAIL REQUEST
(please submit at least 4 weeks prior to
event)
PLEASE PRINT CLEARLY FOR ACCURACY

Date of Request: _____

Date of

Event: _____

Organization:

501(c)3

Number: _____

Contact Name:

Daytime Phone Number: _____ Email:

Evening Phone Number: _____ Fax:

Mailing Address:

City: _____ State: _____ Zip Code:

Other pertinent information:

Explanation of non-profit organization's mission:

Description of event (overview, demographics, location):

Have you received a donation from Truro Vineyards of Cape Cod before? No Yes,

Years_____

Number of guests_____

What specifically is your request for and how will it be used?

(Truro Vineyards of Cape Cod will determine how much product will be provided)

Will there be any mention of Truro Vineyards of Cape Cod in program,
signage or advertising (please specify)?

Please fax your completed Donation Request Form and Official 501(c)3 Status Letter to: 508-487-1688

Or by Mail to: Donations-Truro Vineyards of Cape Cod, PO Box 834, North Truro, MA 02652