



FIELDING HILLS

WINERY

DONATION INQUIRY FORM

Today's Date: _____

Name of Organization Seeking Donation: _____

Contact Person: _____ Are you a Road 27 Wine Club Member? _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Is the organization a registered Non-Profit? ___ Yes ___ No

If yes, what is the federal tax ID _____

Date of Event: _____

Location of Event: _____ Type of Event: _____

Type of Donation Request: _____

How will the donation be used? (Silent Auction, Fundraiser, etc): _____

Have you or the organization received a donation from Fielding Hills Winery in the past 12 months? ___ Yes ___ No

Other Pertinent Information: _____

Please Note: All fields must be filled for consideration. Thank you.