

FARMER'S DAUGHTER VINEYARDS - DONATION REQUEST FORM

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PLEASE PROVIDE 501(c)3.

TEL: _____ EMAIL: _____

EVENT NAME: _____

MISSION: _____

EVENT DATE: _____ LOCATION: _____

ITEM(S)/VALUE REQUESTED: _____

HOW WILL ITEM(S) BE USED? (RAFFLE, AUCTION...) _____

WILL WINES BE: POURED (TASTINGS) POURED (GLASS) SELF-SERVE GIFTED

WILLING TO MAKE A PURCHASE? YES NO BUDGET: \$ _____

PLEASE PROVIDE RESELLER LICENSE + NUMBER IF APPLICABLE. _____

THIS EVENT IS: PRIVATE PUBLIC | TICKETED NON-TICKETED

ARE YOU REQUESTING AN FDV STAFF MEMBER TO POUR? YES NO HOURS: _____

PLEASE PROVIDE CATERING/POURING LICENSE + NUMBER. _____

WILL YOU SUPPLY: ICE CUPS TABLE TENT LINENS POWER GRATUITY

WILL THERE BE AN OPPORTUNITY FOR FDV TO SELL PRODUCT? YES NO

WILL THERE BE AN OPPORTUNITY FOR FDV TO ADDRESS GUESTS? YES NO

HOW + WHERE WILL YOU PROMOTE FDV? _____

PLEASE CIRCLE ALL CHANNELS THAT WILL TAG/MENTION/POST ABOUT FDV:

FACEBOOK INSTA TWITTER WEBSITE BLOG EMAIL PRINT: _____

FB EVENT PAGE OTHER: _____

HAS THE ORGANIZATION RECEIVED A DONATION FROM FDV PREVIOUSLY? YES NO

PLEASE EXPLAIN. _____

ARE YOU WILLING TO DISPLAY OR DISTRIBUTE MARKETING COLLATERAL? YES NO

YOUR SIGNATURE: _____ DATE: _____ REC BY: _____

PLEASE RETURN COMPLETED FORM TO TASTING ROOM OR SEND TO FDVSALES@GMAIL.COM 30-60 DAYS PRIOR TO EVENT.