

DONATION REQUEST FORM



DATE REQUESTED: ___/___/___

PICKED UP: ___/___/___

LG TEAM INITIALS: _____

■ CONTACT INFORMATION:

NAME: _____

PHONE: _____ EMAIL: _____

ORGANIZATION: _____

ADDRESS: _____

■ EVENT INFORMATION:

DATE OF EVENT: ___/___/___ EVENT NAME: _____

LOCATION OF EVENT: _____

DESCRIPTION OF EVENT: _____

IS THIS EVENT TO BENEFIT A NONPROFIT ORGANIZATION WITH A 501(C)(3) TAX-EXEMPT STATUS?

ORGANIZATION: _____ TAX ID #: _____

■ WHAT TYPE OF DONATION ARE YOU LOOKING FOR?:

KEG STYLE: _____ KEG SIZE: 1/6BBL 1/4BBL 1/2BBL

KEG STYLE: _____ KEG SIZE: 1/6BBL 1/4BBL 1/2BBL

6PACK STYLE: _____ QTY: _____

EXPECTED # OF ATTENDEES (21+): _____ PLANNED POUR SIZE: _____

NON-CIDER: _____ GIFT CARD: _____ MERCHANDISE: _____

WILL LOST GIANTS CIDER CO. BE LISTED ON ANY MEDIA OR PROGRAM MATERIAL?: YES NO

WILL YOU BE HANGING A LOST GIANTS BANNER? YES NO

ADDITIONAL INFO: _____