



CHARITABLE DONATION REQUEST FORM

Organization: _____ Date: _____

Organization's Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Please make sure your proposal includes the following information:

- A description of your organization
- A copy of the letter from the IRS stating your organizations 501(c)(3) status, if applicable.

What services are rendered by your organization? _____

How will this donation be used? _____

What kind of promotional recognition will Traverse City Whiskey Co. receive, if any? _____

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| What type of contribution are you seeking? Check one: |
| _____ Monetary \$_____ (please be specific) |
| _____ Promotional Items _____ (desired) |

By what date do you need the contribution? _____

Signature of Organization Representative: _____

Relationship of Representative to Organization:

Employee: _____ Volunteer: _____ Paid Worker: _____ Fund Raiser: _____