



FINGER LAKES DISTILLING DONATION REQUEST FORM

Please fill out this form and email it to pat@fingerlakesdistilling.com

Date: _____ Tax ID# _____

Name of Organization: _____

Address: _____

Phone Number: _____ Email: _____

Donation Requested: _____

Date of Event: _____

Purpose of Donation _____

Provide a brief statement about the purpose of your group: _____

Brief description of the event: _____

How will the funds raised from this event be used? _____
