



Donation Request Form

Organization

Organization Name: _____

County: _____

Tax ID #: _____

(Please provide completed ST-119.1 form from the NY State Department of Taxation and Finance)

Contact Information

Name of Contact Person: _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Event

Event Name: _____

Event Date: _____

How will donation be used? _____

Event Description: _____

Donation Request: _____

Please email or mail completed form at least 30 days prior to the event.

Stever Hill Vineyards - 3962 Stever Hill Road - Branchport, NY 14418

steverhillvineyards@gmail.com ATTN: Donation Request