Vino Latte Donation & Sponsorship Request Form

Please complete this form in its entirety, and, if available, please send a brochure/flyer on the event. To be considered, ALL requests require a minimum of 2 weeks’ notice prior to the event. We cannot accept phone solicitations or give monetary donations. We regret in advance that we cannot donate to all events for which we receive requests. However, a member of our team will respond to your request within 7-10 business days of submission. Thank you for thinking of Vino Latte!

Please drop off your completed form at Vino Latte: 3309 Terrace Ct., Wausau, WI 54401

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization a 501(c)3? [ ] yes [ ] no\*

What is your Non-Profit ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please note that we are only able to give to registered non-profits*

Address: City: State: WI Zip: \_\_\_\_\_\_

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Attendance: \_\_\_\_\_\_\_\_\_\_\_\_

Will the attendees at your event all be of legal drinking age (21+)? [ ] yes [ ] no\*

*\*Please understand that as our business is 50%+ wine, we do not feel it is responsible/ethical for us to advertise at or donate to events whose attendance and/or focus is on those under 21.*

* Has Vino Latte previously donated to your organization? If yes, when and what was donated?
* Please tell us your request – be as specific as possible.
* What is the focus/mission of your organization and your event?
* Does your event includes a raffle: [ ] yes [ ] no\* If yes, please provide license number:

*\*Please note that we are only able to give to licensed raffles*

* What type of advertising are you planning to promote this event and will Vino Latte receive acknowledgement in advertising? [ ] yes [ ] no At the event? [ ] yes [ ] no If yes, please explain.
* Are any Vino Latte staff part of or active in your organization? [ ] yes [ ] no If so, please list their names.

Requester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------Below line - Vino Latte office use only---------------------------------------------

Staff Accepting Form: Date: Wine Club Member: [ ] yes [ ] no

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Loyalty Card Holder: [ ] yes [ ] no