



Non-Profit Partner Application

Company Information

Company Name: _____ Date: _____

Address: _____
Street Address *Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

About

Please describe your organization.

Contact Information

I certify that the above information is accurate. I understand that only five organizations will be chosen per calendar year and that applications will be kept on file for 5 years. I also understand that these donations come from alcohol sales and are distributed based on the customers choosing.

Contact Name: _____ Title: _____

Signature: _____ Date: _____