

• • • • DONATION REQUEST FORM • • • • •

We are requesting at least 30 days notice of your event or project.

Upon 'Approval' you have 2 weeks to pickup your donation or else it will be recycled.

Please complete the following contact information to be considered for a BEER donation:

Organization:

WHAT WAS DONATED:

Address:	
Contact Name:	501 (C)3 Charity Tax ID Number:
Phone:	Email:
	EVENT DETAILS
Name of Event:	
Address of Event:	
Event Date/Time:	Estimated Number of Attendees:
Description of Event with Goals/Obje	tives:
Beer or Raffle Basket Request:	Beer (*liquor permit # needed) Raffle Basket
If BEER how much?	*If BEER Liquor Permit#
Per the Dept. of Liquor Control in the state of	CT - We cannot provide beer unless a liquor permit is provided
Are you charging participants admissi	on? Yes No
If so, how much per person: Please send the form to: Thimble Island Brewing Company 16 Business Park Drive Branford CT 06405	% of Proceeds to Charity:

For Office Use Only

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○ APPROVED