

12239 CENTER ROAD
TRAVERSE CITY, MI
49686 USA



PHONE: 231.223.7355
FAX: 231.223.4105
WWW.CGTWINES.COM

DONATION REQUEST FORM

Thank you for thinking of Chateau Grand Traverse while planning your fundraising activities. We strive to support community fundraising efforts for organizations that reflect our company goals and objectives whenever possible. Due to an overwhelming volume of donation requests, all requests should be received **at least two weeks** in advance of your event deadline. Upon approval, donations can be picked up at the winery or will be mailed to an address provided. Please submit this completed form, along with the following:

- Letter of donation request from organization
- Copy of your organization's 501(c)(3) form and tax exempt ID number (if applicable)

Please Return to the winery office at Chateau Grand Traverse, 12239 Center Rd. Traverse City, MI 49686. We will respond to your request within two weeks of receiving these documents.

Donation Request Guidelines

1. All donation requests must be received at least two weeks prior to the requested ship/pick-up date.
2. Chateau Grand Traverse has a company policy that restricts donation of wine, but we have designed other offerings to sponsor your event if approved.
3. We will consider your donation and determine what type of donation we'd like to make. Some possible donation items include a certificate for a Private Winery Tour and Tasting for up to 8 people, wine-related retail items, and off-season (November – April) stays at The Inn at Chateau Grand Traverse.
4. Although we are proud to support charitable community organizations, Chateau Grand Traverse reserves the right to deny any requests that do not reflect our company goals and objectives.

12239 CENTER ROAD
TRAVERSE CITY, MI
49686 USA



PHONE: 231.223.7355
FAX: 231.223.4105
WWW.CGTWINES.COM

Organization Details

Contact Name: _____

Organization Name: _____

Federal Tax Exempt Number: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Telephone: _____ Email: _____

Event Details

Name of Event: _____

Event Date: _____ Location: _____

Overview of Event: _____

Number of people expected at event: _____ Expected Funds Raised: _____

How will donated item be used? _____

What marketing opportunities are involved with this donation?

I agree that the above information is accurate, and understand that this request does not guarantee a donation from Chateau Grand Traverse. I will use the donated items for the above intended purpose and do not intend to re-sell the items for profit.

Signature: _____ Date: _____