Charitable Request Form

Avondale Sky Winery

To be completed and returned to Avondale Sky Winery prior to the 15th day of the month preceding your event.

Name of Event:				
Benefactor(s):				
Organization(s) Hosting	:/Sponsoring Event:			
Type of Event: (Dinner/Si	lent Auction/Golf Tournament, et	c.):		
Event Date:	Ev	Event Location:		
Anticipated Attendance	2:			
Does the Event hold a S	pecial Occasion License?	Yes	No	
s wine being served? If so, from which winery?				
Donation Request:				
How are donors (i.e. Av	ondale Sky Winery) being a	cknowledged	?	
Contact Person	Name:			
	Address:			
	City/Prov./Postal:			
	Phone/Fax:			
	E-mail:			
	Submit to:			
80	Avondale #Avondale Cross Road, RR	Sky Wine 2 Newport La	•	

80 Avondale Cross Road, RR#2 Newport Landing, NS BON 2AC 902-253-2047 902-253-2057(F)

info@avondalewine.ca

Date Received	Month	Donation	Contacted	Picked up