



Pint Night Beneficiary Request Form

Name of the organization:

What is the mission of your organization?

Is your organization an accredited 50c3?

Tax ID#

What are your organizations ongoing projects?

How can people get involved?

Does your organization have a full-time staff?

How many members does your organization have?

Who is your point of contact?

Name:

Phone #:

Email:

Are you willing to represent your organization at the event should we choose you as the beneficiary?

Please add or attach any additional relevant information.

Please fill out completely and return to
Peyton@packratoc.com