



SOUTH COAST WINERY
RESORT & SPA

CHARITABLE CONTRIBUTIONS APPLICATION

DATE: _____

ORGANIZATION: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ TAX ID NUMBER: _____

EMAIL: _____

FUNDING CATEGORY

Civic/Community Program ___ | Environmental Conservation ___ | Youth Sports ___ | Adult Sports ___

Purpose of request (brief description of how money/product will be used):

Number of People Who Will Benefit: _____

Area of Benefit: _____

Will South Coast Winery Resort & Spa be promoted as a sponsor of this project/program?

YES: ___ NO: ___

If YES, how: _____

Please check all that apply:

Newspaper Ads ___ Signs ___ Flyers ___ Clothing/Logo ___ Other ___

(Please provide a sample of any materials once they're produced.)

Has South Coast Winery Resort & Spa participated in your fundraising activities in the past?

YES: ___ NO: ___

If Yes, how: _____
