



SOUTH COAST WINERY
R E S O R T & S P A

CHARITABLE CONTRIBUTIONS APPLICATION

ORGANIZATION: _____ DATE: _____

ADDRESS: _____

CONTACT: _____

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): _____

People Benefited: _____ 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 sample of any materials once they're produced.)

Has South Coast Winery Resort & Spa participated in your Fund Raising Activities in the past?

Yes: _____ No: _____

If yes, how: _____