

APPLICATION FOR CHARITABLE DONATION

DATE: _____

ORGANIZATION NAME: _____

CONTACT NAME: _____

TELEPHONE: _____

EMAIL: _____

WEBSITE: _____

ADDRESS: _____

NON PROFIT: yes _____ no _____

TAX ID NUMBER: _____

Tell us a little more about your organization! What cause does your organization support?

EVENT DATE (IF APPLICABLE): _____

WHAT ARE YOU REQUESTING?: _____

Email completed form to info@spottedbearspirits.com

Mail or Deliver in Person to:
Spotted Bear Spirits Attn: Lauren
503 Railway Street, Suite A
Whitefish, MT 59937