

Wine Cork Pull Donation Form

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Individual or Company to be listed as Wine Cork Pull donor:

Wine Description: _____

Value of Wine (minimum value \$20): \$ _____ (The value of your item(s) is tax deductible. You will receive a receipt for the total amount indicated on this form.)

(If there are more than a few bottles of wine, please list out each bottle with matching value on a second sheet of paper and submit that with this form. You do not need to complete this form for each bottle of wine.)

Please check one of the following:

- Wine donation is with this form
- Wine donation will be delivered to the Foundation before the OAFP annual meeting
- I will bring wine to OAFP annual meeting

Monetary Donation

Check Cash VISA MC AM EX DISC

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____

Name on card: _____ Verification Code: _____

Please return completed donor form to:

OAFP Foundation
4075 N. High St.
Columbus, OH 43214
kmcguffie@ohioafp.org | fax: (614) 267-9191

