



# SUGAR SAND DISTILLERY, LLC.

264 Henscratch Rd. Lake Placid, FL 33852  
Donation Request Form

In order to help us expedite our donation procedure, please complete this form in its entirety. In addition, a descriptive letter written on official letterhead of the organization must accompany this form. Requests must be submitted at least 60 days prior to your event to be considered.

**PLEASE NOTE THE WE CANNOT SHIP PRODUCT. ANY ITEMS DONATED MUST BE PICKED UP AT SUGAR SAND DISTILLERY DURING NORMAL OPERATING HOURS.**

Mail To: Sugar Sand Distillery, Attn: Donation Request PO Box 948, Lake Placid, FL 33862

Name of your organization: \_\_\_\_\_

Summarize the focus of your organization (i.e. shelter, school, healthcare): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Non-profit ID #: \_\_\_\_\_

What is the date & location of your event? \_\_\_\_\_

What type of event will you be hosting? \_\_\_\_\_

What kind of attendance do you anticipate for your event? \_\_\_\_\_

What type of advertising are you planning to promote this event? \_\_\_\_\_

What type of donation are you requesting? \_\_\_\_\_

Have you been a visitor or customer of the Distillery? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR INTERNAL USE ONLY:

Donation given: \_\_\_\_\_ Value: \_\_\_\_\_

Date picked up: \_\_\_\_\_

Processed by: \_\_\_\_\_

Comments: \_\_\_\_\_