

WINGS OVER WALL STREET®

TO BENEFIT



WINE PULL DONATION FORM

PRESENTED BY  MT Pharma America

Wine Information

We are happy to donate a case of _____
valued at \$ _____

We are happy to donate the following bottles

Name of Wine:	Quantity:	Value:

Wine Notes: Please Share any special notes or highlights about the wine you donated. _____

Donor Information

Item Secured By _____

Contact Name _____ Title _____

Donor Company _____

(This is the name that will be used for recognition, where appropriate.)

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Website _____

Return this form by October 2, 2017 along with your donated item to:

Muscular Dystrophy Association

Bonnie Fuchs | Bfuchs@mdausa.org

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wingsoverwallstreet.org

