

WINE PULL FORM

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 5, 2018 along with your donated item to:

Muscular Dystrophy Association
Sam Tursi, stursi@mdausa.org > stursi@mdausa.org
11 East 44th Street, 17th Floor • New York, NY 10017
P: 212-682-5272 | F: 212-682-5419 | wingsoverwallstreet.org