



Pals Brewing Company

Donation Request

Organization:

Non Profit # (If Applicable)

Contact Name:

Contact Phone:

Contact E-mail:

Address:

City:

State:

Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Event:

Type of Donation:

Monetary

Product

Other

If "Other", please specify:

Please submit this Application for Donation to Pals Brewing Company
4520 S Buffalo Bill Ave | North Platte, NE 69101
or e-mail to: amy@palsbrewingcompany.com



Pals Brewing Company

Donation Request

**Please tell us the
Organization's
Purpose and/or Mission Statement:**

Please provide a geographical area you represent or serve:

How will your Organization use the money or merchandise donated?

How will your event and donation benefit the community?

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