

Wall of Wines Fundraiser

(minimum retail value of \$20.00 per bottle)

Wine Name _____ Value \$ _____

Wine Name _____ Value \$ _____

Wine Name _____ Value \$ _____

Wine Name _____ Value \$ _____

Agency/Company Name: _____

Contact Name: _____

Contact Email: _____ Contact Phone Number: _____

Address: _____

City/State/Zip Code: _____

☐ Please purchase wine with my donation of \$ _____.

☐ Check Enclosed ☐ Charge my credit card

Name on card: _____

Card Type: ☐ MasterCard ☐ Visa

Card Number: _____

Exp Date: _____ Billing Zip Code: _____

Signature: _____



Please make checks payable to **Friends of Illinois Parks** and mail in an enclosed envelope to 4476 Sundance Circle, Hoffman Estates, IL 60192 or complete credit card information above and either email to striphahn@ilparks.org or fax to 847-496-5246.

Shipping: Please send your donated wine to: Sue Triphahn, 4476 Sundance Circle, Hoffman Estates, IL 60192 or contact Sue Triphahn at 847-496-4449 to make other arrangements.

Questions: Email Sue Triphahn at striphahn@ilparks.org.