



# NIMBASH 2019

## FOOD VENDOR FORM

### DONATION INFORMATION

Value \$ \_\_\_\_\_

Serving: \_\_\_\_\_ Quantity: \_\_\_\_\_

### DONOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Contact (if different from above): \_\_\_\_\_

### QUESTIONS:

Lisa Crean, Food & Wine Liaison  
707-753-1068 or [lisa@creanmarketing.com](mailto:lisa@creanmarketing.com)

**Please fax or email this form to:**

**fax 707.963.0278**

**email [info@nimbusarts.org](mailto:info@nimbusarts.org)**

**nimbus·arts**

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**THANK YOU!**