

# Humanity Wine Project Ally

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

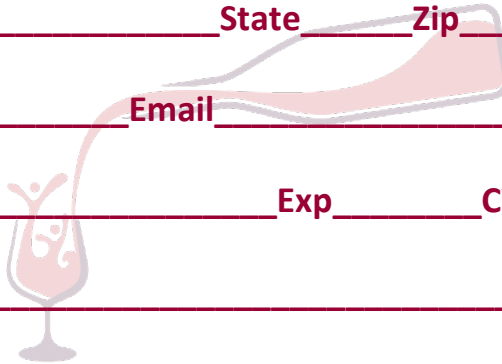
Phone \_\_\_\_\_ Email \_\_\_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Project Allies receive a 10% discount on all wines purchased. They will also be invited to members only tasting dinners and special events. By signing, I certify that I am 21 years of age or older. I understand that upon delivery, an adult signature is required. I understand I am committing to a 4-bottle shipment 2 times a year. I give my permission for Humanity Wine Project to bill my credit card for all applicable charges, taxes, and shipping.