

## DONATION REQUEST FORM

Name of Organization:			
Your Name:			
Contact Person (if other than you):			
Mailing Address:			
City:	State:		Zip:
Phone:		Fax:	
E-mail Address:			
Are you a non-profit charitable organization? Yes	es No		
Name of Event:		Date of Event:	
Nature of Event:			
Is there a ticket/admission fee to this event? Ye	s, how much	? \$	No
What will the donation be use for? (e.g. raffle, sile	nt/live auction	, etc.)	
What organization will receive proceeds of your events of the second of	vent?		
Will Virginia International Raceway be included in	any advertisin	ng you do for the event?	No
Yes, describe:			
Will you distribute VIR Brochures at your event?	Yes, how ma	any?	No
Donation Agreement:			
I agree that the above information is accurate. I un	nderstand that	t this is a request and I w	ill not receive a donation
from Virginia International Raceway until the Dona	ations Commit	ttee has approved it. I am	prepared to answer any
questions related to the submission and provide n	ecessary pap	erwork if asked. I will use	the donated items for the
purpose to which it is intended and will not re-sell	the items for	profit. Failure to comply w	vill negatively impact VIR's
consideration of future requests.			
Signature:		Date:	
*This form must be mailed, along with a written re	quest on your	organizations letterhead	, to the Virginia
International Raceway office 90 days prior to you	ur event. Enve	elopes can be addressed	to: ATTN: Donations,
Virginia International Raceway, 1245 Pine Tree R	oad, Alton, V	A 24055	