

## DONATION REQUEST FORM

Name of Organization:		
Your Name:	Position:	
Contact Person (if other than you):		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail Address:		
Are you a non-profit charitable organization?		
Name of Event:		
Nature of Event:		
Is there a ticket/admission fee to this event?	Yes, how much? \$	No
What will the donation be use for? (e.g. raffle,	silent/live auction, etc.)	
What organization will receive proceeds of yo	ur event?	
Will Virginia International Raceway be include	d in any advertising you do for the ever	nt? No
Yes, describe:		
Will you distribute VIR Brochures at your ever	nt? Yes, how many?	No
Donation Agreement:  I agree that the above information is accurate from Virginia International Raceway until the I questions related to the submission and provipurpose to which it is intended and will not reconsideration of future requests.	Donations Committee has approved it. I de necessary paperwork if asked. I will	am prepared to answer any use the donated items for the
Signature:	Date:	
*This form must be mailed, along with a writte	n request on your organizations letterhe	ead, to the Virginia
International Raceway office 60 days prior to	o your event. Envelopes can be address	sed to: ATTN: Donations,
Virginia International Raceway, 1245 Pine Tre	e Road, Alton, VA 24520	