

Virginia International Raceway, 1245 Pine Tree Road, Alton, VA 24055

## DONATION REQUEST FORM

Name of Organization:		
	Position:	
Contact Person (if other than you):		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail Address:		
Are you a non-profit charitable organization?	Yes No Tax ID# (requir	red):
Name of Event:	Date 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 you	ur event?	
Will Virginia International Raceway be included	d in any advertising you do for the	event? No
Yes, describe:		
Will you distribute VIR Brochures at your even	t? Yes, how many?	No
Donation Agreement:		
I agree that the above information is accurate.	I understand that this is a reques	t and I will not receive a donation
from Virginia International Raceway until the D	onations Committee has approve	ed it. I am prepared to answer any
questions related to the submission and provide	de necessary paperwork 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 will negatively impact VIR's
consideration of future requests.		
Signature:	Date:	
*This form must be mailed, along with a writter	n request on your organizations le	etterhead, to the Virginia
International Raceway office 90 days prior to	your event. Envelopes can be ac	ddressed to: ATTN: Donations,