



## DONATION REQUEST FORM

Name of Organization: \_\_\_\_\_

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? Yes/No Tax ID# (required): \_\_\_\_\_

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 used for? (e.g. raffle, silent/live auction, etc.): \_\_\_\_\_

What organization will receive proceeds of your event? \_\_\_\_\_

Will NJMP be included in any advertising you do for the event? No \_\_\_\_\_

Yes, describe: \_\_\_\_\_

Will you distribute NJMP Brochures at your event? Yes, how many? \_\_\_\_\_ No \_\_\_\_\_

### Donation Agreement:

I agree that the above information is accurate. I understand that this is a request and I will not receive a donation from New Jersey Motorsports Park until NJMP has approved it. I am prepared to answer any questions related to the donation and will provide 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 NJMP's consideration of future requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form must be mailed, along with a written request on your organizations letterhead, to the NJMP office **90 days prior** to your event.

\*Envelopes can be addressed to: ATTN: Don Fauerbach, 47 Warbird Drive, Millville, NJ 08332