



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: Rosemarie Grawl, 47 Warbird Drive, Millville, NJ 08332