



# Knoxville Raceway Donation Request Form

Donation requests must be received by Knoxville Raceway two (2) weeks prior to your event along with a flyer, letter or advertisement about your event to be considered for a donation. E-mail completed form and supporting documents to [garys@knoxvillraceway.com](mailto:garys@knoxvillraceway.com) or fax to 641-842-2899.

## Information about Group, Person or Benefit Receiving Donation

Name of Person or Group Receiving Benefit: \_\_\_\_\_

If applicable: Non-Profit Classification: \_\_\_\_\_ Include copy of Non-Profit letter from IRS.

Reason for Donation Request: \_\_\_\_\_

Request Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Date needed: \_\_\_\_\_

## Information about Group or Person Requesting Donation

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Donation requested: \_\_\_\_\_

If Donation is approved, shall we send or will you pick up the items? \_\_\_\_\_

### Shipping/Mailing Address:

Name: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please list other businesses making donations and items donated:

Business Name

Item Donated

_____	_____
_____	_____
_____	_____
_____	_____

### Knoxville Raceway Office Use Only

Items Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_ Mailed by \_\_\_\_\_ Date \_\_\_\_\_