

## **2024 DONATION REQUEST APPLICATION**

DATE:	<del></del>
Item requested:	
Quantity of item requ	ested:
Purpose of donation:	
<b>W</b>	
Your name:	
Phone:	Email:
Business name or orga	anization that will benefit from donation:
Non-profit: yes	s no Non-profit tax ID#:
If not a non-profit org	anization, please list what type:
•	INFO@SKAGITSPEEDWAY.COM
FAX TO:	360-724-7223
MAIL TO:	SKAGIT SPEEDWAY, PO BOX 1348, BURLINGTON WA 98233

**DONATIONS ARE REVIEWED ONCE A MONTH**