



DONATION REQUEST APPLICATION

DATE: _____

Item requested: _____

Quantity of item requested: _____

Purpose of donation:

Your name: _____

Phone: _____ Email: _____

Business name or organization that will benefit from donation:

Non-profit: yes no Non-profit tax ID#: _____

If not a non-profit organization, please list what type: _____

EMAIL REQUEST TO: SKAGITSPEEDWAYOFFICE@GMAIL.COM

FAX TO: 360-724-7223

MAIL TO: SKAGIT SPEEDWAY, PO BOX 1348, BURLINGTON WA 98233

DONATIONS ARE REVIEWED ONCE A MONTH