Donation Request Form

IN ORDER TO HELP US EXPEDITE THE DONATION REQUEST PROCEDURE, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.
IN ADDITION, THIS FORM MUST BE ACCOMPANIED BY A DESCRIPTIVE LETTER WRITTEN ON THE ORGANIZATION'S OFFICIAL LETTERHEAD.
ALL DONATION REQUESTS MUST BE SUBMITTED NO LESS THAN (6) WEEKS PRIOR TO THE EVENT.

ORGANIZATION INFORMATION

Name of the Organization _____ EIN/Tax ID # _____ 501(c)3 Status _____

Summarize the focus of the organization (i.e. shelter, school, healthcare): _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Contact Email Address _____

Name of Contact _____ Title or Relationship to Organization _____ Contact Phone (if different) _____

Has this organization received an HMS donation in the past? ☐ YES ☐ NO If Yes, when? _____

EVENT INFORMATION

Event Name _____ Event Date _____ Event Time & Place _____

What type of event will you be hosting? (Silent or live auction, raffle, etc.) _____ Anticipated attendance? _____ Request Deadline _____

What is the value of the product you are hoping for? _____ What specific area will these proceeds benefit? _____

What type of advertising and publicity are you planning to promote this event? _____

Mail or Fax this completed form: Homestead-Miami Speedway
ATTN: Donations
One Speedway Blvd.
Homestead, Fl 33035

Fax: 305-230-5223

FOR HOMESTEAD-MIAMI SPEEDWAY USE ONLY

Date Received: _____ Status: _____ Notes: _____

Authorized By: _____ Delivered: _____