



**NEW HAMPSHIRE**  
**MOTOR SPEEDWAY**

## DONATION REQUEST FORM

We appreciate you thinking of us and your desire to have us help your organization; however, we receive an enormous amount of requests for donations each year. While we try to fill as many donations as possible, our Donation Review Committee will evaluate each request and we will notify you only if we are able to grant the request.

**Requests must be received IN WRITING at least 60 days before event.**

**Please return completed form to:**

NHMS

Attn: Colleen Nocera

PO Box 7888

Loudon, NH 03307-7888

PH: 603-513-5744

FAX: 603-783-4280

[cnocera@nhms.com](mailto:cnocera@nhms.com)

This form must be submitted along with a flyer of your event or a request on your organization's letterhead. Incomplete requests will not be considered.

Today's Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

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

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

Charity/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Brief Description of your Charity/Organization: \_\_\_\_\_

Event Title and Location: \_\_\_\_\_

Donation to be used for (auction, raffle prize, etc.) \_\_\_\_\_

How will donors be recognized: \_\_\_\_\_

501 (c) 3#: \_\_\_\_\_ Date needed by: \_\_\_\_\_

Has your organization ever received a grant from Speedway Children's Charities? \_\_\_\_\_

If so, when? \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_

Donation Request Filled: \_\_\_\_\_

Donated Item: \_\_\_\_\_

Value of Donation: \_\_\_\_\_

Approved By: \_\_\_\_\_