

Billie Harvey Memorial Fund, Inc. Donation Page

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Lap Sponsors (As to be printed) \$20.00 per lap

	Lap(s) #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Donation (To be used as needed). Circle one

\$25 \$50 \$75 \$100 Other: _____

To Sponsor an award please call Jimbo Chadwick at 704-677-2026 between 9 a.m. and 5 p.m. east coast time.

* Note that your gift is tax deductible *

Your Name and type of sponsorship will be on our web site, also printed in the race program, flyers to handed out at the front and back gates on race day unless you request otherwise. Track announcer also will be going over the list during the night.

Please print, fill out this form and mail with check payable to:

**Billie Harvey Memorial Fund
PO Box 32170
New Smyrna Beach, FL 32170**