



Today's Date: _____

Solicitation Form

Due to the volume of requests for donations, only donations associated with motorcycle riding will be considered.

Organization or Group: _____

Address/City/State/Zip: _____

Phone #/E-mail Address: _____

Event name: _____

Event Location: _____

Event Date & Time: _____

Event Beneficiary: _____

Tax ID#: (if applicable) _____

Has this organization received a donation from us in the past? YES NO UNSURE

What type of donation are you seeking? Auction Raffle Give-Away Door Prize

How many people are expected to attend the event? _____

What recognition will be given to Old Fort Harley-Davidson? _____

Your Contact Information:

Name: _____

Address/City/State/Zip: _____

Phone#/E-mail Address: _____

**Old Fort Harley-Davidson
6304 S. 36th St
Fort Smith, AR 72908**

**(479)648-1666 phone
(479)646-9499 fax
Oldfortharleydavidson.com**

