

Lakeview Museum Donation Request Form

In order to help us expedite your donation procedure, please complete this form in its entirety. In addition, a descriptive letter written on official letterhead of the organization must accompany this form.

Mail To: Lakeview Museum OR Fax To: 309-686-0280
Donation Request
1125 W. Lake Ave.
Peoria, IL 61614

Name of your organization: _____

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

Mailing address: _____

Contact person: _____

Phone number: _____

Non-profit ID #: _____

What is the date of your event? _____

What type of event will you be hosting? _____

What kind of attendance do you anticipate for your event?

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

What type of donation are you requesting?

Additional Comments: _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Donation given: _____ *Value:* _____

Date given: _____

Processed by: _____

Comments: _____
