



**Mail to:**  
Illinois Valley Cellular  
Attn: Donation Request  
200 Riverfront Drive  
Marseilles, IL 61341

**Donation Request**

(\* necessary)

\*Company / Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Donation Title: \_\_\_\_\_

Date of Fundraiser/Benefit Event: \_\_\_\_\_

Fundraiser/Benefit Location: \_\_\_\_\_

Website of Fundraiser/Benefit: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

**If there is no monetary cost, what is required for donating, sponsoring or contributing?**

**Please provide a full description of the donation/sponsorship opportunity, including any donation/sponsorship levels if available. (3000 characters or less)**

[Empty text box for description]

**What type of media, radio, web or print exposure is expected for this?**

[Empty text box for media exposure]

**How many people do you expect to reach and influence with this fundraiser/benefit/event? (100 characters or less)**

**What are the benefits we should consider as a sponsor or contributor? (500 characters or less)**

**Please provide any history to demonstrate how effective your organization's past events have been. (500 characters or less)**