

Davenport & Company LLC
CORPORATE GIVING APPLICATION

Only completed applications will be accepted for events that are at least 90 days from when the request is made.

Date of Request _____
Deadline for Benefits _____
Davenport Account
or Relationship to Firm _____

INFORMATION ABOUT THE ORGANIZATION

Name of Organization _____
Name of Event _____
Contact Name _____
Phone Number _____
Email Address _____
Physical Address _____
Website _____
Tax ID# _____
Primary Mission of
the Organization _____
Geographic Area Served _____

EVENT INFORMATION

Date and Time _____
Location _____
Amount Requested _____
Estimated Attendance _____
Other Sponsors _____
Benefits Associated
with Sponsorship _____

Additional information you would like the Sponsorship Review Committee to take into consideration:

Completed forms must be emailed to DavenportGiving@investdavenport.com along with a sponsorship packet.