

Davenport & Company LLC
CORPORATE GIVING APPLICATION

Before completing this form, please review our [Corporate Giving Guidelines](#). Requests that meet the eligibility criteria must be submitted by the stated deadline. Incomplete applications will not be accepted.

Email this completed form to DavenportGiving@investdavenport.com and include a sponsorship packet with additional information about your event.

Date of Request _____

Deadline for Benefits _____

Relationship to Firm (Please list name(s) of employee and/or advisor.)

ORGANIZATION INFORMATION

Name of Organization _____

Name of Event _____

Contact Name _____

Phone Number _____

Email Address _____

Physical Address _____

Website _____

Tax ID# _____ NTEE Code _____

Primary Mission of the Organization

Geographic Area Served _____

EVENT INFORMATION

Date and Time _____

Location _____

Amount Requested _____

Estimated Attendance _____ Target Audience _____

Other Sponsors _____

Benefits Associated with Sponsorship

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