Avery Insurance Sponsorship & Donation Request Form

Complete this form for all sponsorship or donation requests. Submission does not guarantee approval.

Request Information

Date of Request: _____

Requested By: _____

Organization/Foundation: _____

Primary Contact: _____

Phone: _____

Email: _____

Website: _____

Request Details

Amount Requested: $_____

Type: ☐ Sponsorship ☐ Donation ☐ Gift Card ☐ Auction Item ☐ Other _____

Deadline for Response: _____

Event Name: _____

Event Date: _____

Location: _____

Relationship with Avery

Is the organization a current Avery client? ☐ Yes ☐ No ☐ Unsure

Is the requestor a current Avery client? ☐ Yes ☐ No ☐ Unsure

If yes, client name: _____

Any Avery employee affiliated with the organization? _____

AVERY INSURANCE

Organization Information

Mission/Purpose:

_____

How will the funds/items be used?

_____

Recognition

Recognition provided: ☐ Logo ☐ Website ☐ Social Media ☐ Signage ☐ Advertisement

☐ Booth ☐ Other _____

Estimated attendance/reach: _____

History

Has Avery supported this organization before? ☐ Yes ☐ No ☐ Unknown

If yes, amount/year: _____

Additional comments:

_____

Internal Approval

Reviewed By: _____

Decision: ☐ Approved ☐ Declined ☐ Deferred

Approved Amount: $_____

Notes:

_____