



Alliance Program

Greater Giving Partner Application

Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Web site: _____

Tax id#: _____

Who is your primary contact person(s) at Greater Giving? _____

What do you hope to gain by participating in the Greater Giving Partner Program?

Please provide a brief overview of your company/services, including what makes you unique in the marketplace.

Describe additional services that you provide to the nonprofit industry.

How many years have you been in business? _____

How many people work in your organization? _____

How many benefit auctions are you directly involved with each year? _____



Please select which category best describes the majority of your events:

- Raise under \$50,000
- Raise \$50,000 - \$200,000
- Raise \$200,000 - \$500,000
- Raise \$500,000 +

Do you conduct seminars or speak as an industry expert? Yes No
In which states do you conduct business?

How do you generate new business?

How much do you expect to spend on marketing initiatives over the next year?

Please share any goals or major changes you see for your business over the next year that are relevant to your Greater Giving partnership.

To complete this application, please include any industry certifications and three client or peer references to this application including name, organization name, and contact information. Return the completed form via fax or email attention: Debby Roth, partners@greatergiving.com, fax: 503-597-0379, ph: 800-276-5992 ext. 559.

Thank you for interest in becoming a member of the Greater Giving Partner Program. For more information about Greater Giving visit www.greatergiving.com

Acceptance into the Greater Giving Partner Program is subject to review by Greater Giving. Automatic acceptance into the program is neither expressed nor implied. All information provided on this application will be kept strictly confidential.