



## Community Sponsorship/Donation Request Form

We love being able to support organizations, sporting teams, and events that our patients are involved in. We always welcome any new opportunity to be involved in our community. Each year we are asked to financially support many activities and have come up with this form to streamline this process for you. Please provide all Requested information as accurately as possible. We must receive this form at least 30 days prior to the event.

Thank you for taking the time to complete this form. We will contact you when decisions have been made or if further information is needed.

Today's date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Event/Project Name: \_\_\_\_\_

Event/Project Date: \_\_\_\_\_

Location: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type or Request:

- ☐ Event Sponsorship: \$ \_\_\_\_\_
- ☐ Toothbrushes/Products
- ☐ Other: \_\_\_\_\_

How would you classify this event/program:

- ☐ Health/Social Service
- ☐ Education/School
- ☐ Community Event
- ☐ Sports
- ☐ Arts/Culture

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