



DONATION REQUEST FORM

*Thank you for considering Webb Orthodontics as a donating sponsor to your group's event(s).
Please read the following information before submitting your request.*

- Requests will be reviewed on the 15th of the month. Any submissions after that date will be included in the next month's requests.
- Donations/Sponsorships will be made to groups/teams and not to individuals.

Date: / /

Donation due date: / /

Contact Name: _____

Donation Requested: _____

Phone number: _____

Make checks payable to: *must be a group, not an individual*

E-mail: _____

Current patient/connection to Webb Orthodontics:

Address to send check to:

Purpose of Request: _____

Will you need our logo? YES NO
If yes, how will it be displayed?

Group or organization requesting donation:

If yes, please provide the email address to send it to:

Have we donated to this same cause or organization before? YES NO

YOU MAY SUBMIT THIS FORM SEVERAL WAYS:

Mail to: 820 W. 42nd St., Suite 1100, Scottsbluff, NE 69361 Fax to: (308) 630-0701

Email to: info@webbortho.com Drop off at any of our 4 locations.

FOR OFFICE USE ONLY

Donation made: _____ Check#: _____ Date: / /

Picked-up Mailed **Approved by:** _____ Excel