



# Marketing Donation Form

Please fill out this form and return to us. We review all the requests once a month. We will be in contact with you once a decision has been reached about your request. Thank you!

Name of requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Current patient or connection to Webb Orthodontics: \_\_\_\_\_

Purpose of request: \_\_\_\_\_

Group or organization requesting donation: \_\_\_\_\_

Have we donated to this same cause or organization before? \_\_\_\_\_

Donation requested: \_\_\_\_\_ Donation due date: \_\_\_\_\_

Make Checks Payable to: \_\_\_\_\_

313 W 38<sup>th</sup> Street, Scottsbluff, NE 69361 Phone: 308-630-0670 Fax: 308-630-0701

*Wired for Excellence*

**FOR OFFICE USE ONLY**

Donation made: \_\_\_\_\_ Check: # \_\_\_\_\_

Approx number of people reached through donation \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Method of delivery: \_\_\_\_\_