



giving program

APPLICATION *for* ORGANIZATIONS

Name of Organization _____

Mailing Address _____

Federal Tax ID _____

Contact Person Name _____

Contact Person Title _____

Telephone _____

Email _____

Area of Focus: Education Health/Fitness

Donation request is for an: Event Ongoing Program

Requested Amount: _____

EVENTS

Name of Event _____

Date/Time _____

Description _____

ONGOING PROGRAM

Name of Program _____

Who Benefits _____

Description _____

Email application to Marketing@MyOrthodontistUS.com for review. Allow up to four weeks for response.

Date