DONATION REQUEST FORM

*Thank you for considering Brace Place 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*

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current patient/connection to Brace Place: 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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have we donated to this cause/organization before? YES NO**

YOU MAY SUBMIT THIS FORM SEVERAL WAYS:

Mail to: 800 Tennent Road, Manalapan, NJ 07726 Fax to: (732) 536-3396

Email to: braceplace@manalapan.com Drop off to any of our 3 locations.

**FOR OFFICE USE ONLY**

**Donation made:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check#:\_\_\_\_\_\_\_\_\_\_ Date: / /**

* Picked-up **Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Mailed