



# 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  
          or 7209 Commons Cir, Unit B, Cheyenne, WY 82001
- Fax to: (308) 630-0701  
          (307) 634-6112 - Cheyenne Office
- Email to: info@webbortho.com
- Drop off at any locations.

#### FOR OFFICE USE ONLY

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

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