



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.

- Please allow 30 days from submission date for your sponsorship to be reviewed and processed. 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
 or 7209 Commons Cir, Unit B, Cheyenne, WY 82001 (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