



Blue Ridge Orthodontics Donation/Sponsorship Request

Name of Organization: _____

Address: _____

Contact Person: _____

Email: _____ Phone: _____

Date of Event (or date range sponsorship includes): _____

Reason for Request: _____

Purpose of Organization: _____

How many people are served in your organization? _____

What is the age range of your organization's members? _____

How will the sponsorship money be used? _____

Amount or Item of Request: _____

How will our business be recognized for donation? _____

What other opportunities will our business have (i.e. table at event, name on banner, handouts)?
