

## **Sponsorship Application Form**

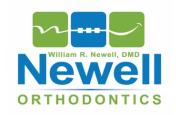
At Newell Orthodontics, we are proud to support a variety of educational and community organizations through our sponsorship program.

All sponsorship requests require a completed Sponsorship Application Form, and we ask that you submit your sponsorship request at least <u>4 weeks</u> before your deadline.

Due to the overwhelming number of requests that we receive, we ask that you only submit one sponsorship request per patient and first priority will be given to patients who are currently in orthodontic treatment and in good financial standing.

To submit a sponsorship request, please complete the following Sponsorship Application Form and drop it off at our office, email it to <a href="mailto:katie@newellorthodontics.com">katie@newellorthodontics.com</a> or mail it to:

Newell Orthodontics Attn: Sponsorship Request 56 Hawkins Lane Jefferson, GA 30549



## **Sponsorship Application Form**

Date Submitted	Due Date
Your Name	Are you a current patient?
Address	
Email	Phone # ()
Type of Sponsorship (please check one Other (PLEASE SPECIFY)	e) Program Sign Ad
Cost of Sponsorship	
and how the funds will be used by th	
Who should we email our logo or artwo	rk to?
Who is our check payable to?	
Mailing address for form & check?	

Please attach any sponsor forms or pertinent information to this form and drop it off at our office, email to katie@newellorthodontics.com or mail it to:

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