



## **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 4 weeks 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 [katie@newellorthodontics.com](mailto:katie@newellorthodontics.com) 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 # (\_\_\_\_\_) \_\_\_\_\_

Organization \_\_\_\_\_

Type of Sponsorship (please check one) \_\_\_\_ Program \_\_\_\_ Sign \_\_\_\_ Ad \_\_\_\_

Other (PLEASE SPECIFY) \_\_\_\_\_

Cost of Sponsorship \_\_\_\_\_

**Please tell us how you are involved with the organization, why you would like us to sponsor it and how the funds will be used by the organization.**

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Who should we email our logo or artwork 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](mailto:katie@newellorthodontics.com) or mail it to:**

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Attn: Sponsorship Request  
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Jefferson, GA 30549