



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. First priority will be given to patients who are currently in active orthodontic treatment and in good financial standing with our practice.

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 or mail it to:

Newell Orthodontics
Attn: Sponsorship Request
1360 Caduceus Way #900-105
Watkinsville, GA 30677



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 Ad ☐ Sign ☐ In-Kind Donation

☐ Other (PLEASE SPECIFY) _____

Cost of Sponsorship _____ Is this a renewal request? ☐

Have we granted a sponsorship request for you in the past? ☐

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.

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 or mail it to:

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