



Sponsorship Application Form

Storms Orthodontics supports a variety of educational and community organizations and activities for sponsorships. We invite both organizations and individuals to apply for sponsorships and/or contributions to community services projects, youth educational programs, sport teams, etc. throughout the year. Requests are reviewed on a monthly basis and are approved or denied based on priority of need and available funds from our designated yearly sponsorship budget.

Please type or print all information

Date: _____

Name of person making the request: _____

List your name if you are a patient (or family member of a patient): _____

Address: _____
Street City State Zip

Daytime phone number: _____ FAX: _____

E-Mail address: _____

Name of organization benefiting: _____

Tell us about your program and how a sponsorship or contribution from Storms Orthodontics will help:

◆ **ITEM DONATION:** Suggestion of what type item(s) you would like donated:

◆ **MONEY DONATION:** Amount requested: \$_____

Who does the check need to be payable to? _____

◆ **REPLY DEADLINE:** _____

Mail, FAX, or Hand-Deliver this request to:

Storms Orthodontics

**4102 N. Mall Avenue
Fayetteville, AR 72703
(479) 521-8887
(479) 521-8889 FAX**