

Community Sponsorship / Donation Request Form

We are always excited to be a part of the lives of our patients, their families, and our community! We are proud to learn of all the amazing activities and wonderful organizations in which you participate. Each year we are asked to financially support many activities and have come up with this form to streamline this process for you. Please provide all requested information as accurately as possible.

We are proud of each of you; your accomplishments and activities! Thank you for taking the time to complete this form and we will contact you when decisions have been made or if further information is needed.

Today's Date: _____

Patient Name: _____ Contact Number: _____

Organization: _____

Event / Project Name: _____

Event / Project Date: _____

Location: _____

Event Contact Person: _____

Address: _____

Phone: _____ Email: _____

Type or Request:

- Event Sponsorship: \$ _____
- Toothbrushes/Products
- Other:

How would you classify this event / program:

- Health / Social Service
- Education / School
- Community Event
- Sports
- Arts / Culture



Fishers Pediatric Dentistry
9126 Technology Lane • Suite 100
Fishers, IN 46038
Phone 317-598-9898 | Fax 317-596-9659
www.fisherspeditric.com