

Form for Request of Donation or Sponsorship



Thank you for your interest in Ames Orthodontics' philanthropy program!

Doctor Ames and the Orthodontic Team strongly value the many academic, public and private programs and associations that strengthen the communities they work and live in. They would love nothing better than to be able to contribute to all who ask, but the high volume of requests makes this impossible. To make the application process as fair as possible, there are several criteria used to review donation requests:

- Requests must be made by an active patient of our office, and must be made by the person participating in the fundraiser
- Requests must be made via our request form (separate documentation may be appended if desired)
- Priority is given to academic and health-related fundraisers targeting the adolescent age group
- Donation requests are due by the 15th of each month, and will be reviewed once a month. Notifications will be made by the end of each month.

Name of Individual Requesting Donation (Active Patient in Our Office): _____

Contact Phone: _____

Contact Address: _____

Name of Organization, Activity, and/or Fundraiser: _____

Date of Activity or Fundraiser: _____

Date Application Turned in To Our Office: _____

In your own words, please tell us about yourself, your Organization/Activity/Fundraiser, and the reason why you are requesting a donation or sponsorship from Ames Orthodontics (please use back of this sheet if possible):