



Donation Request Form

Contribution of Dental Treatment

- Please use this form if you are requesting dental treatment for an individual or family requesting free or reduced-fee dentistry.
- Include as much information as possible and attach any additional documents.
- When complete, submit this form by mail or fax to:

Courtney McIntosh, Marketing Coordinator
Waldron Dentistry
3020 Roswell Road
Suite 100
Marietta, Georgia 30062
Fax (770) 509-2326

Individual or organization making request:

Name

Phone number

Email address

Individual for whom request is being made:

Name

Address

Phone Number

Description of dental need (please attach additional documents if needed)

Reason for request
