



Donation Request Form

Financial and Product Contributions

- Please use this form if you are requesting monetary funds or donations of dental products (toothbrushes, toothpaste, etc.).
- Include as much information as possible and attach any additional documents (sponsorship forms, etc.).
- 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
- Please submit this form at least six weeks before the donation is needed

Patient's Information

Name

Phone number

Email address

Organization's Information

Name of organization

Name of organizational contact person

Contact's phone number

Contact's email address

Amount requested

Reason for request
