



# 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:

Juan Pasmin  
Waldron & Lee Dentistry  
2419 Roswell Road  
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 \_\_\_\_\_

\_\_\_\_\_  
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