



Howard Family Dental Donation Request Form

Thank you for your interest in a donation from Howard Family Dental. Your request will be carefully considered. Please keep in mind that we receive numerous requests for donations throughout the year and every effort will be made to accommodate all requests. Please note, completion of this form is a request only and does not guarantee a donation. All requests must be received at least four (4) weeks prior to the event.

Email Request to:

Kellie Merritt at kellie.merritt@mdpweb.net

I am a (check one please):

Non-Profit

For-Profit/Other

I am requesting (check all that apply):

Supplies/Raffle Items

Requested Items: _____

Monetary Donation

Requested Amount: _____

Other

Please Specify: _____

Organization Information

Your Name _____

Position in organization _____

Organization Name _____

Type (Check One)

Charity

Church

Basketball

School

Other _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Fax _____ Email _____

Website (if applicable) _____



Howard Family Dental Donation Request Form (cont.)

Event Information

Event Contact Name _____

Event Contact Business Phone _____ Even Contact Cell Phone _____

Event Contact Email _____

Event Name _____

Event Date _____ Event Time: From _____ To _____

Event Location/Address _____

City _____ State _____ Zip _____

Description/Reason for Event

Event Sponsor(s)/Underwriter(s) _____

Audience Size _____ Audience Age Range _____

How will this event be promoted (TV, newspaper, radio, word of mouth, email, print advertising, etc.)? _____

Confirmation of donation needed by (date) _____

Signature of Company Representative _____ Date _____

Please return completed form and a written request on official letterhead by mail to:

Attn: Kellie Merritt Howard
Family Dental 1370 US
Highway 80 E., Suite G
Pooler, GA 31322