



bdc
Brewer Dental Center

Heights Clinic 710 Main Street
West End Clinic | Orthodontic & Pediatric 2900 Central Ave

(406) 656-6100
brewerdentalcenter.com

Community Sponsorship/Donation Request Form

We love being able to support organizations, sporting teams, and events that our patients are involved in. We always welcome any new opportunity to be involved in our community. Please provide all requested information as accurately as possible. We must receive this form at least 30 days prior to the event.

Today's Date: _____ Organization: _____

Event/Project Name: _____ Event/Project Date: _____

Location: _____

Goal of Project: _____

REQUEST INFO:

☐ Hygiene Presentation: _____

☐ Event Sponsorship: \$ _____

☐ Toothbrushes/Products: _____

☐ Kids Toothbrushes

☐ Adults Toothbrushes

☐ Other _____

Qty. _____

Qty. _____

☐ Other: _____

How would you classify this event/program:

☐ Health/Social Service

☐ Community Event Sports

☐ Education/School

☐ Arts/Culture

What is the expected number of attendees/people served by this event/project? _____

Please explain how this program/event will benefit our community? _____

CONTACT INFO:

Name: _____

Address: _____

Phone: _____ Email: _____

Other: _____

THANK YOU FOR YOUR REQUEST

CONTACT: Community Relations

EMAIL: contactforms@brewerdentalcenter.com

MAIL: Heights Office 710 Main Street, Billings, MT 59105

West End Office 2900 Central Ave., Bldg 1, Billings, MT 59102

Orthodontic & Pediatric 2900 Central Ave., Bldg 2, Billings, MT 59102

Dental care designed

Just for You!