



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. _____

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:** community@brewerdentalcenter.com **MAIL:** 710 Main Street, Billings, MT 59105