

giving program

APPLICATION *for* INDIVIDUALS

Name _____

Telephone _____

Email _____

I am a current Patient Employee

At the following location:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Burgaw | <input type="checkbox"/> Chapel Hill |
| <input type="checkbox"/> Cary | <input type="checkbox"/> Durham |
| <input type="checkbox"/> Chapel Hill | <input type="checkbox"/> Sanford |
| <input type="checkbox"/> Mt. Airy | <input type="checkbox"/> Greensboro |
| <input type="checkbox"/> Raleigh | <input type="checkbox"/> Concord |
| <input type="checkbox"/> Wake Forest | |

Area of Focus: Education Health/Fitness Community Support

Donation request is for an: Event Ongoing Program

EVENTS

Name of Event _____

Date/Time _____

Description _____

Requested Amount _____

ONGOING PROGRAM

Name of Program _____

Who Benefits _____

Description _____

Requested Amount _____

Email application to Marketing@myorthodontistUS for review. Allow up to four weeks for response.

Date