



**BAKER**ORTHODONTICS

**Dr. Baker's**

## Sponsorship and Donation Request

Patient's  
Name: \_\_\_\_\_

Cell  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Patient's  
Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sponsorship Check to be written to: \_\_\_\_\_

Name / Purpose of  
Organization: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Dead line: \_\_\_\_\_

Tell us something about your  
request. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit