dontation request form

At OP Smiles, we strive to play an active and positive role in our community. Each donation request will be reviewed in detail biweekly. Please take time to thoroughly fill out all information on this form to the best of your ability as well as any additional information you feel we may need to know. This allows us to best consider your request.

Please complete this form at least **four weeks** prior to your event. Once you have completed the form, it can be submitted in one of the following ways:

Mail:

OP Smiles
Sponsorship Request
373 Boone Heights Drive
Boone, NC 28607

Drop off:

OP Smiles fron desk
(Either location)

Email:

amandag@opsmiles.com
Please put "Sponsorship Request" in subject line

Organization Name:_____ Contact Name:_____

Contact Phone Number:_____ Contact Email:_____

Organization Address:_____ City: _____ State: _____ Zip: _____

Event Name:_____ Event Date:_____

Event Location:_____ Donation Deadline:_____

Has your organization received a donation from us in the past? : _____

Provide a brief description of the event or sponsorship: _____

_____

How will your organization use this donation? : _____

_____

What type of donation are you requesting? : _____

_____

Please explain how our office and/or donation would be recognized: _____

_____

Additional Comments: _____

_____

Submission Date:_____ **You will be notified if/when your request has been accepted.**