



giving program

APPLICATION *for* INDIVIDUALS

Name _____

Telephone _____

Email _____

I am a current Patient Employee

At the following location:

Burgaw Orthodontics

Cary Orthodontics

Cary Dental

Chapel Hill Orthodontics

Chapel Hill Dental

Durham Orthodontics

Mt. Airy Orthodontics

Mt. Airy Dental

Raleigh Orthodontics

Sanford Orthodontics

Wake Forest Orthodontics

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@HappyToothNC.com for review. Allow up to four weeks for response.

Internal Use: Approved Yes No Date