



# giving program

APPLICATION *for* ORGANIZATIONS

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Area of Focus:      Education      Health/Fitness

Donation request is for an:      Event      Ongoing Program

Requested Amount: \_\_\_\_\_

## EVENTS

Name of Event \_\_\_\_\_

Date/Time \_\_\_\_\_

Description \_\_\_\_\_

## ONGOING PROGRAM

Name of Program \_\_\_\_\_

Who Benefits \_\_\_\_\_

Description \_\_\_\_\_

Email application to [Marketing@HappyToothNC.com](mailto:Marketing@HappyToothNC.com) for review. Allow up to four weeks for response.

Internal Use: Approved      Yes      No      Date