



### SPONSORSHIP FORM

*Three Leaf Lovin' is our way of Giving Back to the community we serve. It is very important to us to give back, and we thank you for the opportunity to learn more about your event, program, team or project.*

*Please fill in this form, provide us with any needed paperwork, and return it to us via e-mail or drop it off at our office. We'll be in touch when we've reviewed your application.*

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Contact Phone: \_\_\_\_\_

Your Contact E Mail Address: \_\_\_\_\_

Are you/family member a Patient at Three Leaf Orthodontics? : YES  NO

If YES, Patient Name:

\_\_\_\_\_

Program/Event Name: \_\_\_\_\_

Program/Event Coordinator: \_\_\_\_\_

Program/Event Contact Phone Number: \_\_\_\_\_

Program/Event Contact E Mail: \_\_\_\_\_

Tell Us More About The Program/Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donation Requested: \_\_\_\_\_

Deadline Date: \_\_\_\_\_

How may we send you our logo? (jpeg, pdf, etc.): \_\_\_\_\_