



## Community Sponsorship/ Donation Request Form

Thank you for inviting The Super Dentists to participate in your event! We ask that requests be submitted at least **one month** in advance for proper consideration. Requests are reviewed on a regular basis and considered based on the resources available at the time of the request.

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

Event/ Project Name: \_\_\_\_\_

Event/ Project Date: \_\_\_\_\_

Location: \_\_\_\_\_

Goal of Project: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Tax Exempt Status:  501c3  School/Govt. Agency  Other: \_\_\_\_\_

Type of Request:

- Event Sponsorship: \$ \_\_\_\_\_  
 Toothbrushes  
 Other: \_\_\_\_\_

How would you classify this event/program based on the The Super Dentsits Request Guidelines:

- Health / Social Service  
 Education / School  
 Community Event  
 Sports  
 Arts / Culture

What is the expected number of attendess/ people served by this event / project? \_\_\_\_\_

Please explain how this program / event will benefit our community?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

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

***Thank you for your request. Once received, we will make every effort to respond in a timely fashion.***

**Contact:** Lisa Cabral **Phone:** (619) 216-7846

**Email:** [whatsnew@thesuperdentists.com](mailto:whatsnew@thesuperdentists.com) **Mail:** 2226 Otay Lakes Road, Chula Vista, CA 91915

Office use: \_\_\_ Approved \_\_\_ Not Approved Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date notification sent: \_\_\_\_\_ Date check sent: \_\_\_\_\_ Other: \_\_\_\_\_