

WHITE
ORTHODONTICS
beyond straight teeth
Sponsorship Program

*** TYPE OR PRINT ALL**

*** DO NOT WRITE ON BACK OF APPLICATION**

Date: _____

Requesting Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Make check payable to: _____

How did you hear about White Orthodontics Sponsorship Program?

Tell us about your program (please attach any pertinent program information, flyers, etc)

Please send all request to:

White Orthodontics
Attn: Sponsorship Coordinator
5237 Hickory Park Dr
Glen Allen, VA 23059