



# Mortenson Family Dental Donation Request Form

Thank you for your interest in a donation from Mortenson Family Dental. Your request will be carefully considered. Please keep in mind that we receive numerous requests for donations throughout the year and every effort will be made to accommodate all requests. Please note, completion of this form is a request only and does not guarantee a donation. All requests must be received at least four (4) weeks prior to the event.

**Fax Request to:**  
**502-254-8532**

**I am a (check one please):**

- Mortenson Family Dental Location                       Non-Profit                       For-Profit/Other

**I am requesting (check all that apply):**

- Supplies/Raffle Items                      Requested Items: \_\_\_\_\_
- Monetary Donation                      Requested Amount: \_\_\_\_\_
- Other                      Please Specify: \_\_\_\_\_

**Organization Information**

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

Position in organization \_\_\_\_\_

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

- Type (Check One)    Charity    Church    Basketball    School  
Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Website (if applicable) \_\_\_\_\_



## Mortenson Family Dental Donation Request Form (cont.)

### Event Information

Event Contact Name \_\_\_\_\_

Event Contact Business Phone \_\_\_\_\_ Even Contact Cell Phone \_\_\_\_\_

Event Contact Email \_\_\_\_\_

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

Event Date \_\_\_\_\_ Event Time: From \_\_\_\_\_ To \_\_\_\_\_

Event Location/Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description/Reason for Event

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

Event Sponsor(s)/Underwriter(s) \_\_\_\_\_

Audience Size \_\_\_\_\_ Audience Age Range \_\_\_\_\_

How will this event be promoted (TV, newspaper, radio, word of mouth, email, print advertising, etc.)? \_\_\_\_\_

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

Confirmation of donation needed by (date) \_\_\_\_\_

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form and a written request on official letterhead by mail to:**

**Shelley Spragens**

**Mortenson Family Dental**

**134 Evergreen Road, Suite 200**

**Middletown, KY 40243**

**sspragens@mfdc.net**