



Donation Request Form

Thank you for your interest in a donation from the Mortenson Dental Partners family of brands, Mortenson Family Dental, Kid's Dentistree and BracesBracesBraces. Your request will be carefully considered. Please keep in mind that we receive numerous requests for donations throughout the year and we make a great effort to accommodate each request. 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.

Please e-mail requests to:

Mindy Aschbacher at maschbacher@mfdc.net

Or mail it to:

Mortenson Dental Partners
Attention: Mindy Aschbacher
134 Evergreen Road, Suite 200
Louisville, KY 40243

I am a (please check one):

- Mortenson Dental Partners Location / Team Member
- Non- Profit organization
- For profit organization
- Other

Are you a patient with a Mortenson Dental Partners location?

Yes _____

No _____

I am requesting:

- Supplies / Raffle Item
- Monetary Donation
- Other

Requested Item: _____

Requested Amount: _____

Please Specify

Organization Information:

Your Name: _____

Position in the Organization: _____

Organization Name: _____

Type of organization:

- Charity
- Church
- School
- Other : _____

Address: _____

Phone Number: _____ E-mail: _____

Website: _____

Event Information:

Event Contact Name: _____

Event Contact phone number : _____ Day of Event Phone number: _____

E-Mail: _____

Event Date: _____ Time: _____

Event Location / Address:

Description of the event:

Audience Size : _____ Audience Age Range: _____

How will the event be promoted?:

Donation needed by: _____

Signature of representative : _____ Date: _____