



## Dunn Orthodontics 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: \_\_\_\_\_

Tax ID: \_\_\_\_\_

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

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### Please send all requests to:

Dunn Orthodontics  
Attn: Sponsorship Coordinator  
1515 E. Bethany Home Rd #130  
Phoenix, AZ 85014

Fax: (602) 864-0070