

Waldron Dentistry

Dr. J. Blair Waldron, Dr. Jonathan C. Waldron, and Dr. Edward R. Schlissel

Donation Request Form

Financial and Product Contributions

- Please use this form if you are requesting monetary funds or donations of dental products (toothbrushes, toothpaste, etc.).
- Include as much information as possible and attach any additional documents that may be necessary (sponsorship forms, etc.).
- When complete, submit this form by mail or fax to:

Kari Roybal, Office Manager
Waldron Dentistry
3020 Roswell Road
Suite 100
Marietta, Georgia 30062
Fax (770) 509-2326

- Submit this form at least six weeks before the donation is needed.

Patient's Information

Name _____

Phone number _____

Email address _____

Organization's Information

Name of organization _____

Name of organizational contact person _____

Contact's phone number _____

Contact's email address _____

Amount requested _____

Reason for request (You may attach additional documents if necessary) _____
