



Dear Neighbor,

Smile Dental Partners has a legacy of supporting the communities in which we work. We love to learn about and be part of the wonderful things happening in West Michigan.

Please use the attached form to tell us about your project. **Please provide us with at least 30 days to process your request.** There are so many wonderful projects and programs in our area that, unfortunately, we cannot support every request we receive. To honor your time and interest in working with Smile Dental Partners, we will notify you via email when a decision on your request has been made.

Please deliver completed request forms to:

Smile One Services
c/o Lance Parman
128 Columbus Ave.
Grand Haven, MI 49417

OR

Marketing@smileoneservices.com

Please note: Use of the Smile Dental Partners name or brand is not permitted without prior consent. We will gladly provide permission for use of our name and logo to any agency to which we provide support. Please inform of us any intended usage so we can provide you appropriate logo files.

Request for Support



Please Read Carefully

Applicants must be located within the Smile Dental Partners' patient community

Organization Name	Contact Name
Organization Website	Contact Email
Organization Address	Contact Phone
Date of Request	Decision Deadline
Funding Deadline	Date of Event (if applicable)

Is the organization a 501c3, non-profit, organization? _____

If so, please provide the tax ID#: _____

Are employees or patients of Smile Dental Partners involved in your organization or project? _____

If so, please list names: _____

How does your request potentially impact health and wellness in West Michigan?

Are you seeking financial or in-kind support for your organization?

Financial \$ _____

Product/In-kind support (Please describe below)

Please describe the project, campaign, or need for which you are requesting support: