



Dear Neighbor,

Smile Dental Partners has a legacy of supporting the communities in which we work. We love to learn about and be a 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 email completed forms to **marketing@smileoneservices.com**, or mail to: Smile One Services
c/o Lance Parman
128 Columbus Ave.
Grand Haven, MI 49417

Please note: Use of the Smile Dental Partner 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 us of 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 _____

Organization Address _____

City _____ State _____ Zip _____

Organization Website _____

Contact Name (_____) _____ Contact Phone (_____) _____

Contact Email _____

Date of Request _____ Date of Event (if applicable) _____

Decision Deadline _____ Funding Deadline _____

Is the organization a 501(c)3, non-profit organization? Yes No

If so, please provide the tax ID# _____

Are employees or patients of Smile Dental Partners involved in your organization or project? Yes No

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) _____

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

