



Charitable Donation REQUEST FORM

We at Hester & Morris Orthodontics are always excited to be a part of the lives of our patients, their families, and our community! We are proud to learn of all the amazing activities and wonderful organizations in which you participate. Each year we are asked to financially support many activities and have come up with this form to streamline this process for you. Please provide all requested information as accurately as possible. We do allocate an annual budget for charitable contributions and these forms are reviewed as part of that process. We always give to as many organizations as possible in a given year and do our best to fairly recognize different types of organizations.

We are proud of each of you; your accomplishments and activities! Thank you for taking the time to complete this form and we will contact you when decisions have been made or if further information is needed. Please allow two weeks for consideration of your request. As always, thank you for your confidence. We enjoy working with you and having you as part of our team!

Patient's Name: _____

Patient's Email: _____

Patients's Phone: _____

Organization's Mailing Address & Contact Information

Organization: _____

Street: _____

City, State, Zip Code: _____

Phone: _____

Sponsorship Requested _____



3229 N. Oak Street Ext. Valdosta, GA. 31605. (229)245-1800
2458 Memorial Drive. Waycross, GA. 31503. (912)338-0033

hmorthodontics.com