



Bourne Orthodontics **Sponsorship Application**

Dr. Bourne takes great pride in supporting hundreds of patients' teams, organizations, and charities each year in our community. In order to streamline the process, please provide the following information (in addition to any forms/paperwork you can provide):

- 1. Patient Name:**
- 2. Organization Name:**
- 3. Tax ID #:**
- 4. Team Name:**
- 5. Coach Name:**
- 6. Who to make the check out to:**
- 7. Contact Name & Number:**
- 8. Email to send graphics/logo:**
- 9. Due date for donation:**

Please allow up to **2 weeks** for donations to be completed. We will contact the person listed above when the donation is completed.