



Donation Request Form

We are grateful to support a wide range of philanthropic organizations and receive many inquiries. Thank you for the opportunity to review your request. To request consideration for a donation from our philanthropic budget, please complete and return the form below. Requests are reviewed on a quarterly and annual basis.

Forms must be completed in full to receive consideration.

Please understand we may not always be able to respond to short notice requests. Please email completed forms to office@mtnrridgedentistry.com.

Date of Application: _____

About the Organization:

Name of Organization: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Website: _____ Federal TIN / EIN: _____

Is this a 501 c 3 organization? Yes _____ No _____

Deadline for funds: _____ Amount requested: _____

Please tell us the purpose of fundraising and how funds would be utilized: