

Hannah Orthodontics
Sponsorship Request Form

Date: _____

Requesting Organization/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Make Check Payable to: _____

How did you hear about us? _____

Tell us about your program (please attach any information, brochures, flyers, etc.):

Contact Person: _____ Phone: _____

Hannah Orthodontics
Attn: Civic Involvement Coordinator
1441 E. 151st St.
Olathe, KS 66062