



Donation Request

Cosmopolitan Orthodontics is committed to giving back to the communities that we serve. For your convenience, this form is provided to assist you in assembling the information needed in order for us to evaluate, consider and respond to your organization's donation request. Please complete your request and submit it at least 30 days prior to your event to Donations@CosmoOrtho.com. Please feel free to attach any additional supporting materials along with this request. Response time tends to be shortest for submissions made via our website at www.CosmoOrtho.com.

Donation Request Information:

Name of the organization that the donation is benefitting: _____

Type of donation requested:

Sponsorship

Advertising

Silent Auction Item

Other

Donation Level (Please attach description if multiple donation levels are available)

Deadline for donation pick-up: _____

Contact information:

Name: _____

Email: _____

Phone number: _____

Are you, or a family member a patient at Cosmopolitan Orthodontics? Yes No

To help us ensure donations directly support the organizations we serve, please describe your relationship to the organization (e.g., parent of a student, teacher, coach, board member, direct staff, etc.). If you are not directly affiliated, please explain your role:

Thank you for your request. Best efforts will be made to review your request and respond within a week. If you do not hear from our office within 10 business days, please feel free to contact our office at 952-469-3333 to confirm that your request has been received.

LAKEVILLE EAST
16023 Elmhurst Ln

LAKEVILLE WEST
17757 Juniper Path

PRIOR LAKE
14065 Commerce Ave NE