



Charitable Donation Request Form

We at NOVA Pediatric Dentistry & 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.

As always, thank you for your confidence! We enjoy working with you and having you as part of the NOVA Pediatric Dentistry & Orthodontics family!

Organization: _____

Contact Name: _____

Phone: _____

Email Address: _____

Street: _____

City, State, Zip Code: _____

Support Requested: _____

Are you a patient of NOVA Pediatric Dentistry & Orthodontics, or did one of our patients refer you?

Yes No

Patient Name: _____

Patient Phone Number: _____

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