



## Donation and Sponsorship Guidelines

OMI Orthodontics receives numerous requests for donations and sponsorships each year. We are pleased to partner and support the community-based organizations that complement and impact the mission of our organization, which is “*Creating Smiles, Changing Lives.*”

**The following criteria will be used to determine financial or organizational support** (*Please read carefully prior to submitting your request*):

- Donations/sponsorships are granted only for a group or an organization.
- Priority is given to patients seeking donations/sponsorships for their organization who are actively in treatment.
- Only organizations that are documented non-profit (501c3) entities will be considered.
- The group, program or event should reflect positively on OMI Orthodontics.
- The group, program or event must provide appropriate visibility and value-added opportunities for OMI Orthodontics, such as the logo, banners, etc.
- One financial contribution will be made to the requesting organization per year, unless otherwise determined by the Director of Marketing or Chief Executive Officer
- Each applicant must complete the application in its entirety in order to be considered. Any materials on the specific group, program or event must be sent with the application.
- Each organization must provide an official receipt for any donation/sponsorship within 30 days.
- OMI Orthodontics does not make financial donations to individuals or political candidates/campaigns.

**OMI Orthodontics reviews Donation and Sponsorship requests on an on-going basis; however, we request that you submit your application a minimum of 60 days prior to the event. All requests must be sent to the Marketing Department, 10211 Dupont Circle Drive W, Fort Wayne, Indiana 46845 or can be emailed to [lee@OMIortho.com](mailto:lee@OMIortho.com). Please put “Sponsorship” in the email subject.**

**Due to the high rate of submissions for donations and sponsorships, only those being awarded will be contacted regarding our decision. Please do not call or email our office asking about the status of your application.**

## Corporate Donation and Sponsorship Request Form

### Event/Program Information

Event/Program requesting funding: \_\_\_\_\_

Date of event: \_\_\_\_\_ Date funding needed: \_\_\_\_\_

Location of event (city and facility): \_\_\_\_\_

Amount of funding requested (attach all sponsorship info): \_\_\_\_\_

Briefly summarize event/program: \_\_\_\_\_

\_\_\_\_\_

Visibility for OMI Orthodontics (ad, banner, web, handouts, etc. – include all):

\_\_\_\_\_

Number expected to attend: \_\_\_\_\_ Deadline for deliverables: \_\_\_\_\_

### Organizational Information

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your organization's status (circle one): Non-profit For-profit Years in operation: \_\_\_\_\_

Have you received a sponsorship from OMI Orthodontics in the past? (circle one): Yes No

If yes, please list amount(s) and date(s) and a brief description of sponsorship and event/program. \_\_\_\_\_

\_\_\_\_\_

Additional information you would like to provide: \_\_\_\_\_

\_\_\_\_\_

Please include/attach any supporting documentation about your event/program, promotional materials, etc.

\_\_\_\_\_

Signature of organization's representative      Date of request

You will receive correspondence from OMI Orthodontics with our decision by email.