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ORTHODONTICS

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Sponsorship Request Form

Date: _____

Requesting Agency/Organization: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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Make check payable to: _____

Tell us about your program or sponsorship request. *(Please attach any pertinent program information, flyers, etc.):*

Mail or Email to:

Freytag Orthodontics
Attn: Carrie Vaughn
9740 N Oracle Rd., Ste. 100
Oro Valley, AZ 85704
Phone: 520-365-6703
Fax: 520-356-5464
sponsorships@freytagortho.com