



OLYMPIA  
ORTHOPAEDIC  
ASSOCIATES PLLC

*Your Life in Motion*

[www.olyortho.com](http://www.olyortho.com)

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### **2018 Charitable Donation Request Form**

Please complete the following information; all fields must be complete in order for consideration:

Organization Name:

Address:

Website:

*Contact Information*

Name:

Title:

Phone Number:

Email Address:

Please provide a brief overview of organization:

Please provide the type of support you are requesting:  
(Sponsorship, in-kind services, etc.)

Please provide a brief description of the event:

Event details (when, where, estimated attendance):

Please explain how your event meets our guidelines:

Please select a guideline and provide an example of how your organization meets the requirement:

What unique opportunities can you offer OOA (Ex. recognition, support, etc.)

Please provide any association you have with OOA (employee, physician, etc.)

We encourage you to attach additional documents, proposals or information that you feel would be helpful in our evaluation process.

Please email completed request form to: [rsherburne@olyortho.com](mailto:rsherburne@olyortho.com)

If mailing proposals, documents, etc., please send to the following address:

Olympia Orthopaedic Associates

Attn: Rachel Sherburne

P.O. Box 368

Olympia, WA 98507