

Jaffe Orthodontics
LEAP Sponsorship
Program



* TYPE OR PRINT

*DO NOT WRITE ON BACK OF
APPLICATION

DATE: _____

Requesting Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Amount requested \$ _____

Make check payable to: _____

How did you hear about Jaffe Orthodontics LEAP Program?

Tell us about your program (please attach any pertinent program information, flyers, etc)

Please send all requests to:

Jaffe Orthodontics
Attn: Sponsorship Coordinator
147 County Road
Barrington, RI 02806

Fax(401)247-7775 info@jaffeorthodontics.com