

Charity Cafe Application



Name of Charity/NPO: _____

Date: _____

Please give us a brief summary about your charity: _____

Contact Name: _____

Phone Number: _____

Email: _____

Location/Address: _____

EIN#: _____

Please feel free to attach more detailed information about your charity for our review.

Thanks,

Damon DeArment, DDS | Daniel Lill, DDS, MS | Ashley Larson, DMD, MS