



Sacramento District Dental Society

TOOTHBRUSH REQUEST FORM



Toothbrush Request: Upon request approval, you will be contacted by the Sacramento District Dental Society (SDDS) office. Pending eligibility & availability, arrangements will then be made for toothbrush pickup. All requests will be considered at the discretion of the Executive Director of SDDS.

YES! We would like to request toothbrushes!

Organization Name: _____ Your First & Last Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (□□□) □□□-□□□□

Evening Telephone: (□□□) □□□-□□□□

Quantity: Child _____ Adult _____

Please provide a brief sentence or two describing the nature of your request (event in which the toothbrushes will be used, etc):

Thank you in advance for your request! Please note: While we try our very best to accommodate community need for dental health assistance, we cannot always fulfill every toothbrush request. Upon receipt of completed form, a staff member from SDDS will contact you regarding your request status &/or to make further arrangements.

Please fax or mail form to: Sacramento District Dental Society: 915 28th Street • Sacramento, CA 95816 • Phone: 916.446.1211 • Fax: 916.447.3818 • www.sdds.org