

COMMUNITY SERVICE VOLUNTEER PROGRAM

Dr. Morris and the Morris Orthodontics team believe in the difference our patients and their families make through volunteer work. Patients who complete **10 hours** of volunteer work (parents and siblings may also contribute volunteer hours) with the school, church or non-profit organization of their choice, will be rewarded with a **\$350 reward** towards comprehensive orthodontic treatment. Volunteer work may be done with a number of different organizations, but the form below must be completed by EACH organization. Volunteer work MUST be completed and submitted to our office within the first 30 days of starting treatment. This offer may not be combined with any other offer.

To redeem, please complete the form below.

PATIENT'S NAME: _____

VOLUNTEER'S NAME/RELATIONSHIP: _____

VOLUNTEER ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

ORGANIZATION PHONE NUMBER: _____

CONTACT PERSON EMAIL ADDRESS: _____

ORGANIZATION CONTACT PERSON NAME & TITLE: _____

DESCRIPTION OF VOLUNTEER WORK COMPLETED: _____

DATE(S) AND HOURS COMPLETED: _____

(**All volunteer work must be completed within 30 days of treatment)

I certify that the above named person(s) has completed the volunteer work documented on this form.

ORGANIZATION CONTACT PERSON SIGNATURE _____