



Dr. Michael Richards
Simply Spectacular Smiles

Donation Submission Form

Name of Chapter: _____

Address: _____

City, State, Zip Code: _____

Chapter Contact: _____

Chapter Orthodontist: _____

Email: _____

Phone: _____

Amount of Donation: _____

Received from: _____

Special Instructions: _____

Date: _____

Submitted by: _____

Please Submit to:
Smile for a Lifetime—Salt Lake Valley
c/o Michael Richards Orthodontics
2091 East 1300 South
Suite 205
Salt Lake City, Utah 84108