



HAWAII DENTAL ASSOCIATION  
**FOUNDATION**

Helping Hawaii Smile

### GIVE HAWAII A SMILE APPLICATION

501c3 nonprofit organizations are eligible to submit a request for oral health supplies via this form. Completion of the form does not guarantee fulfillment of request. You will be notified by email if your request is granted; you will be responsible for arranging pick up. In return, we request that you send in photos of the event/distribution.

**DATE** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

**CONTACT EMAIL** \_\_\_\_\_

**ITEM(S) REQUESTED** \_\_\_\_\_

**QUANTITY** \_\_\_\_\_

**ITEM(S) REQUESTED BY (DUE DATE)** \_\_\_\_\_

**ITEM(S) TO BE USED FOR (PLEASE DESCRIBE THE PROJECTS/GOALS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE THE ITEM(S) ALSO BEING REQUESTED ELSEWHERE? IF SO, PLEASE DESCRIBE.**

\_\_\_\_\_  
\_\_\_\_\_

**Return via email to [hda@hawaiidentalassociation.net](mailto:hda@hawaiidentalassociation.net). No phone calls, please.**