

## School Donation Request Form

Please fill out this form in full and submit via fax, email or mail at least four weeks prior to the date you will need samples.

Thank you for your interest in *Sombra Professional Therapy Products*.

School / Institutions Name:		
Instructor Name:	School Phone #: (        )	Contact Phone #: (        )
Course Name:	Course Date(s):	Number of Students Enrolled:
Type of Event: (i.e. Graduation, class introduction)		
Physical Shipping Address: ( <b>NO</b> PO Box)		
City:	State:	Zip Code:
Contacts Email:		Date Samples are Needed:
School Website:		

**Please select from the following products:**

***Massage Line***

- Massage Gel Oil  
 Massage Therapeutic Lotion  
 Massage crème

***Natural Pain Relieving Gels***

- Original WARM Therapy  
 COOL Therapy

***Ultrasound***

- Ultrasound Gel with Aloe  
 Therapeutic Ultrasound Lotion



**Mail , fax this form to:**

Sombra Professional Therapy Products  
 Attention: Jeff Baskettt  
 5951 Office Blvd.NE ♦ Albuquerque, NM ♦87109  
 505-888-0189 Fax ♦ [jeff@sombraUSA.com](mailto:jeff@sombraUSA.com)

**Sombra Use Only**

Date Rec'd \_\_\_\_\_ Date Needed \_\_\_\_\_ Date Sent \_\_\_\_\_

FB  Like  Referral  WT

Massage  Chiropractic  Acupuncture  Physical Therapy  Other \_\_\_\_\_