



Mary Bridge Brigade Prospective Member

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____

Email _____

Best contact method

- Email
- Phone

Best contact time _____

Occupation _____ Retired From _____

Contact the Mary Bridge Brigade Office, 253-403-1427, for more information.

Office Use Only

- MEMBERSHIP
- PACKET
- DUES
- RAISER'S EDGE
- DIRECTORY
- EMAIL
- BULLETIN

Please complete this form and return it to:

Mary Bridge Brigade
MS:311-1-MBB
PO Box 5299
Tacoma, WA 98415-0299

marybridgebrigade@multicare.org

**Thank you for your interest in
MultiCare Mary Bridge Children's Hospital & Health Center.**