



Mary Bridge Brigade DONATION FORM

All proceeds benefit MultiCare Mary Bridge Children's Hospital & Health Center in Tacoma, WA

I wish to remain anonymous.

Donor Name (Business) _____ Contact Person/Guild _____

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Address

City

State

Zip

Phone

Please describe each item, listing any restrictions or special conditions

Item 1 _____

Value \$ _____

Item 2 _____

Value \$ _____

Item 3 _____

Value \$ _____

Item(s) will be delivered to _____ Please arrange for pickup. **Donation Total \$** _____

Donor Signature _____ Date of Donation _____

In lieu of a donation item, here is my CASH donation of \$ _____ Check VISA MasterCard

Account Number

Exp. Date

Signature

Return this form to _____

Fed Tax ID: 91-6030192

Check with your Tax Advisor before deducting this donation.

Thank you for your donation!

(Rev. 03/13)

Form #2 White: Mary Bridge Brigade Office Yellow: Guild Pink: Donor