

Mary Bridge Brigade New Member Information

Thank you for helping to support Mary Bridge Children's Hospital

Date _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone Home _____ Work _____ Cell _____
Guild _____ Email _____

• **Interests and skills I may be able to share**

Accounting	Event Planning	Organizational
Artistic/Creative	Fundraising	Photography
Community Outreach	Graphic Design	Public Speaking
Crafts & Crafting	Legal	Public Relations
Creative Writing	Marketing	Retail
Data Entry	Office Support	Other _____

Occupation _____ Retired From _____

Professional & other affiliations past or present (include offices held, if any)

Special interests or hobbies and recreational activities

Questions? 253-403-1427 or marybridgebrigade@multicare.org

Return completed form to:

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

Office Use Only

- MEMBERSHIP
- PACKET
- DUES
- DIRECTORY
- EMAIL
- BULLETIN
- ALL MAIL