



FESTIVAL OF TREES
Mary Bridge Children's
Hospital & Health Center

In Partnership with



FRIENDS OF FESTIVAL PROCUREMENT FORM

*This form **must be** returned to the Festival Office **no later than October 1st** (in order to be recognized in printed materials).**

ITEM INFORMATION

- Physical Item (*all auction items need to be available for display at the event*)
 Non-Physical Item (*please attach gift certificate*)

Gift Item Name: _____

Gift Item Description (*please specify in full detail – include size, color, model, and all restrictions*):

Expiration Date (*if applicable*): _____ Donor Stated Value: \$ _____
(an amount is necessary for booking this gift)

DONOR INFORMATION

Donations with a value of \$50.00 or more are recognized in print.

Donor Name (*as you want it to appear in print*): _____

Contact Name and Title: _____

Phone: _____ Email: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Donor Signature: _____ Date: _____

- Please do not solicit for other gifts.

SOLICITOR INFORMATION

Lead Designer or Group Name: _____

Solicitor Name: _____

Phone: _____

THANK YOU! Donations may be tax-deductible under IRS Section 501(c)3.

According to the IRS, a charitable deduction cannot be claimed for the donation of personal services or time. However, we would like to acknowledge all of our generous donors with a thank-you letter and a catalog listing.

Return this form to:
FESTIVAL OF TREES
 Mary Bridge Children's Foundation
 PO Box 5296
 Tacoma, WA 98415-0296
 253-403-1368

***Deadline:** *This form must be returned to the Festival office no later than October 1st in order to be included in printed materials. All donations are acknowledged with a thank-you letter (with a tax receipt) by the end of January.*

MultiCare 
**Mary Bridge
 Children's Hospital
 & Health Center** 