



Payment Request Form

*Original receipts must accompany this form
Please neatly tape receipts to plain bond paper*

Mail to: FESTIVAL OF TREES

Mary Bridge Children's Hospital
PO Box 5296
Tacoma, WA 98415-0296

Person completing this form:

NAME: _____ DATE: _____

TELEPHONE: _____ COMMITTEE: _____

Make check payable to:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Description of purchase:

ITEM(S)	PRICE
CHECK TOTAL:	

OFFICE USE ONLY

ACCOUNT NUMBER: 71-80130

LINE ITEM: _____

DATE APPROVED: _____ BY: _____

FESTIVAL OF TREES
Mary Bridge Children's Foundation
PO Box 5296
Tacoma, WA 98415-0296
253.403.1368

In Partnership with
**Mary Bridge
Brigade**