

DATE _____



MARY BRIDGE BRIGADE
NEW MEMBER INFORMATION

We are an organization of volunteers whose sole purpose is to further the interest of and aid in the support of Mary Bridge Children's Hospital & Health Network.

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

OCCUPATION/RETIRED FROM _____

I AM INTERESTED IN JOINING THE BRIGADE BECAUSE _____

MEMBERSHIP

GUILDS COLLECT THEIR OWN ANNUAL DUES

Option 1: Join an established guild and participate in guild meetings and receive event invitations for the Brigade and Mary Bridge Children's Hospital & Health Network.

ANNUAL NETWORK DUES | \$25

Option 2: Join the Network and receive communications and event invitations for the Brigade and Mary Bridge Children's Hospital & Health Network.

The Brigade has recently provided financial contributions that include: \$10 million pledge towards the new Mary Bridge Hospital, major medical equipment, specialty pediatric programs, construction of new clinical facilities, improved medical technology, uncompensated care, and many other programs and services.

GUILD*: _____

*If you are unsure of which guild to join, we will assist with placement.

NETWORK I am including a check for \$25 for my annual Network dues.

I am including an additional donation in the amount of \$_____.

Please mail check payable to Mary Bridge Brigade along with this form to:
MARY BRIDGE BRIGADE | MS: 311-1-MBB | PO Box 5299 | Tacoma, WA 98415-0299

Find us on Instagram!



Find us on Facebook!



Questions? Contact 253.403.1427 | marybridgebrigade@multicare.org