	Palm Beach County Medical Society & Services	L
	Commitment Form	
Trees will be availa	ole for pick up Monday through Friday from 1:00 pm to 5:00 pm	
Septe	ember 3 to November 1 at PBCMS prest Hill Blvd. Suite 101, West Palm Beach, FL 33406	
PLEASE PRINT		
Individual/Business/Organizati	on Name:	
City:	Zip:	
Daytime Phone:	Fax:	
E-mail Address:		
Contact Person:		
TITLE & DESCRIPTION OF TR	EE: PBCMS must have tree name no later than November 5th	
Estimated Value of Tree: \$	including decorations, gift cards, services and gifts.	
	r organization/business should be listed in the program:	
	PLEASE SCAN AND EMAIL THIS FORM TO PEANNAL@PBCMS.ORG OR FAX 561-433-2385.	
	PLEASE RESERVE YOUR TREE BY PAYING AND REGISTERING ON LINE AT WWW.PBCMS.ORG	
	Proceeds to benefit PBCMS Services, Inc.	
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