## **FOOTH FAIRY RECEIPTS**



Name:

Age:

Date of collection:

Number of teeth:

Payment:

Special note:

**Authorized Signature:** 

The Tooth Tairy





Name:

Age:

Date of collection:

Number of teeth:

Payment:

Special note:

Authorized Signature:

The Tooth Tairy





Name:

Age:

Date of collection:

Number of teeth:

Payment:

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The Tooth Fairy





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Age:

Date of collection:

Number of teeth:

Payment:

Special note:



Name:

Age:

Date of collection:

Number of teeth:

Payment:

Special note:



Authorized Signature: The Tooth Falm



Authorized Signature: The Tooth Fairy



Authorized Signature: The Tooth Fairy



Authorized Signature: The Tooth Fairy

