

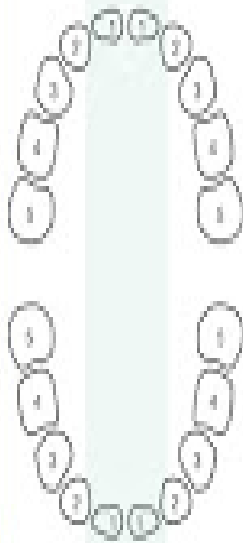


Official
tooth fairy
Receipt

Name: _____

Age: _____ Date: _____

Tooth lost:



Where: _____

How: _____

Condition: _____

THANK YOU
from the
tooth fairy

Tooth Fairy Receipts

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