

This form may be used to process birdhouse selections for specified donations to the  
**Humboldt District Hospital Foundation Inc.**  
 (Please Print Clearly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

I hereby give the HDHF express consent to contact me via email Yes \_\_ No \_\_

If yes email: \_\_\_\_\_

| Item Number | QTY | Description | Unit Donation | Total Donation |
|-------------|-----|-------------|---------------|----------------|
|             |     |             |               |                |
|             |     |             |               |                |
|             |     |             |               |                |
|             |     |             |               |                |

**Donation Information:**

Total Donation: \_\_\_\_\_

Method of Payment:     VISA     MC     CHEQUE  
 (Please make cheques payable to: **HDH Foundation Inc.**)

Name on Credit Card: \_\_\_\_\_

Credit Card #: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Expiry Date: \_\_\_\_\_ CVC \_\_\_\_\_ \*Please note no tax receipt will be issued

**JR's Designer Birdhouses  
 101 - 500 Spadina Crescent East  
 Saskatoon SK S7K 4H9**