CHILDREN'S HOSPITAL FOUNDATION of Saskatchewan

ORDER FORM

This form may be used to process birdhouse selections for specified donations to the **Children's Hospital Foundation of Saskatchewan**.

(Please Print Clearly)

Name: _____

Company/Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Telephone #:_____ Email Address: _____

Item Number	QTY	Description	Unit Donation	Total Donation

Donation Information:

Total Donation: _____

Method of Payment: ❑ VISA ❑ MC ❑ CHEQUE
(Please make cheques payable to: **Children's Hospital Foundation of Saskatchewan)**

Name on Credit Card: _____

Credit Card #: | | | | | | | | | | | | | | | | |

Expiry Date: _____

*Please note no tax receipt will be issued

ALL DONATIONS INCLUDE PACKAGING SUITABLE FOR SHIPPING

SHIPMENTS VIA BUS PARCEL COLLECT OR YOU MAY PICK-UP AT THE ADDRESS BELOW

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

***We will contact you when your birdhouse(s) is ready to be shipped