



ORDER FORM

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

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Telephone #: _____

I hereby give the BUH 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: **BUH Foundation**)

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
100 – 2366 Avenue C North
Saskatoon SK S7L 5X5