



## ORDER FORM

This form may be used to process birdhouse selections for specified donations to the  
**Jim Pattison Children's Hospital Foundation**  
 (Please Print Clearly)

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

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

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

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

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

I hereby give the JPCHF 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 (No Debit VISA)     MC     CHEQUE

Please make cheques payable to: **Jim Pattison Children's Hospital 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**