



## ORDER FORM

This form may be used to process birdhouse selections for specified donations to the  
**St. Paul's Hospital Foundation**  
(Please Print Clearly)

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

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

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

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

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

I hereby give the SPH Foundation 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: **SPH 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**