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 #:

Expiry Date: _____ CVC _____ *Please note no tax receipt will be issued

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