

ORDER FORM

This form may be used to process birdhouse selections for specified donations to the

Children's Discovery Museum

(Please Print Clearly)

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Telephone #: _____

I hereby give the Children's Discovery Museum 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: **The Children's Discovery Museum**)

Name on Credit Card: _____

Credit Card #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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