

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 #:

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