



**JIM PATTISON**  
**CHILDREN'S HOSPITAL**  
**FOUNDATION**

# 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**  
**101 - 500 Spadina Crescent East**  
**Saskatoon SK S7K 4H9**