



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: _____ *Please note no tax receipt will be issued

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