



## ORDER FORM

This form may be used to process birdhouse selections for specified donations to the  
**Lloydminster Region Health Foundation**  
 (Please Print Clearly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

I hereby give the LRHF 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:     CASH  VISA     MC     CHEQUE  
 (Please make cheques payable to: **Lloydminster Region Health 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**