



# ORDER FORM

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

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

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

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

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

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

I hereby give the VHF 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 Victoria Hospital Foundation - 1200 - 24 Street West, Prince Albert SK S6V 5T4**)

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**