Victoria Hospital Foundation
Enriching the Heart of Northern Health Care

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 #: | | | | | | | | | | | | | | | | |

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

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