



# BABY BOUQUET WALL

## BUTTERFLY INFO

Notes (preference of placement):

\_\_\_\_\_  
Baby's First Name

\_\_\_\_\_  
Baby's Middle Name(s)

\_\_\_\_\_  
Baby's Last Name

\_\_\_\_\_  
Baby's Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BILLING INFO

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

Donation (\$125 min.): \_\_\_\_\_ Payment Type:  Cash  Cheque  Mastercard  Visa

Card Number: \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ Signature: \_\_\_\_\_

Cheques can be made payable to the Fort St. John Hospital Foundation.

# THANK YOU FOR SUPPORTING THE FSJ HOSPITAL FOUNDATION!

email this form to [fsjhf@northernhealth.ca](mailto:fsjhf@northernhealth.ca) or bring it to the FSJ Hospital Foundation  
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