



# BABY BOUQUET WALL

*Baby's First Name:	*Baby's Middle Initial or Name:
*Baby's Last Name:	
*Date of Baby's Birth:	Date of Baby's Passing:
Are there any notes you would like the foundation know or a preference of placement?	

- Yes, I would like the dates to be included on the baby petal and on the FSJ Hospital Foundations website.
- No, I only wish for the dates to be on the butterfly, but not included on the FSJ Hospital Foundations website.

**BUTTERFLY COLOUR** (please select one)

-  Pink
   Blue
   Lilac
   Green

## BILLING INFORMATION

PLEASE PRINT

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>Email:</b>	

I would like to make a Gift of \$\_\_\_\_\_ (\$125 minimum)

\$25 for the engraving of the butterfly, and any additional gift is a charitable tax-deductible donation to the Fort St. John Hospital Foundation. Your gift is designated to the Eastern Star Children's Fund to help purchase medical equipment that benefits babies, children and expectant mothers at the Fort St. John Hospital Birthing Centre and Pre Natal Clinic.

### Payment Information

Type:  Cheque  Credit Card  Cash

*Cheques made payable to the Fort St. John Hospital Foundation.*

<b>Card Holders Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Credit Card #</b>	<b>CSV</b>	<b>Exp</b> /
<b>Signature:</b>	<b>Date:</b>	

**WE ARE SORRY FOR YOUR LOSS, WE WISH TO EXTEND OUR HEARTFELT THOUGHTS**  
**Please reach out to us if you have any special requests**

Mail this form to the FSJ Hospital Foundation 8407 112 Ave, Fort St. John BC V1J 0J5, or Email to [fsjhf@northernhealth.ca](mailto:fsjhf@northernhealth.ca)  
 We are located in the FSJ Hospital around the corner from the Gift Shop  
 Office Hours 8:30 am – 4:30 pm • Mon-Fri • 250.261.7563