

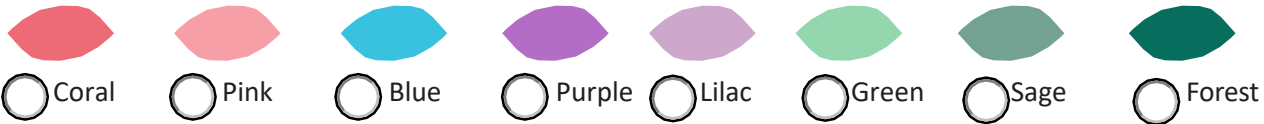


BABY BOUQUET WALL PETAL ORDER FORM

*Baby's First Name:	*Baby's Middle Name(s):
*Baby's Last Name:	*Baby's Date of Birth:
Are there any notes you would like the foundation know?	

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

PETAL COLOUR (please select one)



BILLING INFORMATION

PLEASE PRINT

Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	

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

\$25 for the engraving of the petal, 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.

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

THANK YOU FOR YOUR GIFT TO THE FSJ HOSPITAL FOUNDATION

Mail this form to the FSJ Hospital Foundation 8407 112 Ave, Fort St. John BC V1J 0J5, or Email to 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