Holiday Greeting Card Order Form



Contact Name:	Company Name:	
Address:		
City/Town:	Province:	Postal Code:
Phone Number:	Fax Number:	

Instructions

To place your order, please use our online ordering tool at www.sickkidsfoundation.com/greetingcards. Each step will be outlined similar to the layout below. If you require further assistance, please call 416-813-7350.

Please allow up to four weeks for processing and delivery of this order. Customized imprinting orders must be received by December 8, &\$\%\, .

Step 1: Select your card

Select your chosen card by ticking the checkbox beside it. Then write the quantity desired in the field below, and whether or not you'd like to include Insert Cards.







Minimum \$3.50 donation per card



Minimum \$3.50 donation per card

@Yh#nGbck



Minimum \$3.50 donation per card

$H\ fYY\ 7\]\ XfYb\ G\ YXX]b[\ VmJ\]W\]Y\ K\ UXY$



Minimum \$3.50 donation per card



Insert Cards

Minimum \$1.50 donation per insert card

	Quantity:	Donation per card:
Card selected		_ x
Yes, I want to include insert cards		_ x
Ordering insert cards only		_ x
	Tot	
	Yes, I want to include insert cards	Card selected

Holiday Greeting Card Order Form



Phone 416-813-7350 | Web www.sickkidsfoundation.com/greetingcards | Email greetingcard@sickkidsfoundation.com Mail 525 University Avenue, Suite 835, Toronto, ON M5G 2L3 | Fax 416-813-5419

	A SickKids Foundation gratefully acknowledges a donation made in your honour by	Beason's Greetings	Mevry Christmas
	Your customized message will be printed here. Maximum three lines.	Your customized message will be printed here. Maximum three lines.	Your customized message will be printed here. Maximum three lines.
	in the hope that through this gift to children, warmest Season's Greetings are conveyed to you.	A gift has been made to SickKids Foundation in your honour.	A gift has been made to SickKids Foundation in your honour.
	•	Please print exactly what is to appear in the (max. 3 lines).	e customization portion of your card
	Your customized message will be printed here. Maximum three lines.		
			Quant (1–400) \$ (401+) \$
			Total
S	tep 3: Select any additional optior	S	
S		s	Additional co □ + \$55 (1–4
)	tep 3: Select any additional option Customized envelope (text only) e print return address here.	s	Additional co □ + \$55 (1–4
)	Customized envelope (text only) e print return address here.	S	Additional co
)	Customized envelope (text only) e print return address here. Logo	S	Additional co
)	Customized envelope (text only) e print return address here. Logo Signatures (1–2)	S	Additional co
)	Customized envelope (text only) e print return address here. Logo	S	Additional co
) as	Customized envelope (text only) e print return address here. Logo Signatures (1–2) Group signatures (3+)	S	Additional cc
)))))	Customized envelope (text only) e print return address here. Logo Signatures (1–2) Group signatures (3+) Colour		Additional cc

]	Enclosed is a cheque SickKids Foundation	•	ade payable to	
	Please charge the total to my:			
	☐ Visa	■ MasterCard	American Exp	ess
	Card Number		CVV	
	Expiry Date (mm/yy)			
	Cardholder Name			
ax	receipt:			
	Please send a gift co	onfirmation receipt f	or corporate donation	s.
	Please send an offici	ial tax receipt for inc	dividual donations.	
	No, a tax receipt is n	ot required.		