

GRACE HOSPITAL DAY

# T-SHIRT Order Form



GRACE HOSPITAL  
FOUNDATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_



ADULT	YOUTH
<input type="checkbox"/> S	<input type="checkbox"/> S
<input type="checkbox"/> M	<input type="checkbox"/> M
<input type="checkbox"/> L	<input type="checkbox"/> L
<input type="checkbox"/> XL	<input type="checkbox"/> XL
<input type="checkbox"/> 2XL	
<b>TOTAL NUMBER OF SHIRTS</b>	

☐ CHEQUE ENCLOSED  
(Made payable to: **Grace Hospital Foundation**)

☐ CASH ENCLOSED

☐ CREDIT CARD

\$

\_\_\_\_\_  
TOTAL AMOUNT

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
FULL NAME ON CARD

\_\_\_\_\_  
EXPIRY

\_\_\_\_\_  
SECURITY CODE

## \$10 per shirt

**ORDER DEADLINE IS APRIL 19**

Please return all order forms and payment to the Foundation office.

For more information call 204-837-0375 or email [foundation@ggh.mb.ca](mailto:foundation@ggh.mb.ca)