

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	
TOTAL NUMBER OF SHIRTS	

- CHEQUE ENCLOSED
(Made payable to: **Grace Hospital Foundation**)
- CASH ENCLOSED
- CREDIT CARD

\$10 per shirt

ORDER DEADLINE IS MAY 1

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

For more information call 204-837-0375 or email foundation@ggh.mb.ca

\$ _____
TOTAL AMOUNT

CREDIT CARD #

FULL NAME ON CARD

EXPIRY

SECURITY CODE