

TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN 2018 Holiday Card Order Form

A "Snowman's Best Friend"

Greeting:
Warm winter wishes for happiness throughout the year!



B "The Gingerbread House"

Greeting:
Season's Greetings!



Bill to: (please print)

Name _____
 Company _____
 Address _____
 City/State/ZIP _____
 Daytime Phone Number _____
 Email _____

Ship to: (If different from "Bill to")

Name _____
 Company _____
 Address _____
 City/State/ZIP _____
 Daytime Phone Number _____
 Email _____

Card order: (20 cards/package - only available as whole package; one design/package. Includes 22 envelopes.)

	CARD COST	QUANTITY	TOTAL
A) _____	\$20/package*	_____	\$ _____
B) _____	\$20/package*	_____	\$ _____

*For special pricing for orders of more than 10 packages of cards, please contact 214-559-8323 or 800-421-1121, ext. 8323

Imprinting: (2 package minimum)

Cards may be imprinted for an additional \$15/package. Please Print.

Card imprinting
\$15/package
 Quantity: _____
 Total: \$ _____

Shipping/Handling:

1-4 package(s) add **\$6.95**
 5-10 packages add **\$12.95**
 11-15 packages add **\$17.95**
 No charge for hospital pick-up

Shipping Cost (see prices to the left) Total \$ _____

GRAND TOTAL: \$ _____

Payment Method: (Please make checks payable to Texas Scottish Rite Hospital for Children)

MasterCard American Express Visa Discover

Acct. number _____ Exp. date: ____/____ Security code _____
(Imprinted on back of card)

Signature _____

Selling price includes TX & CA sales & use tax to the extent applicable.
 Order by December 5, 2018 to ensure delivery before December 25. Orders can be mailed to Holiday Cards - Texas Scottish Rite Hospital for Children
 • Attn: Development Department • 2222 Welborn Street • Dallas, TX 75219 or by calling 214-559-8323 or 800-421-1121, ext. 8323.
 To order by fax, please send to 214-559-7649.

TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN "Happy Holidays" Gift Card Order Form

This holiday season honor your friends, family, clients and coworkers with a tax-deductible donation to TSRHC. Personalized cards, as shown below, will be sent acknowledging your generous support to your list of recipients.

Bill to: (please print)

Name _____
 Company _____
 Address _____
 City/State/ZIP _____
 Daytime Phone Number _____
 Email _____

YOUR NAME AS IT SHOULD APPEAR ON CARD

SAMPLE CARD

Cover



Inside

To celebrate the holiday season, a gift in your honor has been made to Texas Scottish Rite Hospital for Children by

**Grandma &
Grandpa**

Your gift card recipients: (If needed, attach additional names and addresses on an extra sheet of paper.)

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Name _____
 Address _____
 City/State/ZIP _____

Payment Method: (Please make checks payable to Texas Scottish Rite Hospital for Children)

Total donation amount: \$ _____

MasterCard American Express Visa Discover

Acct. number _____ Exp. date: ____/____ Security code _____
(Imprinted on back of card)

Signature _____

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