

## ORDER FORM

To: KWSH FUNDRAISING

Fax: 6295 8131

Date: \_\_\_\_\_

### Requestor:

Name / Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company Chop: \_\_\_\_\_

I/We would like to place order for the following:

**Vouchers** \$ \_\_\_\_\_  **Wreath** \$ \_\_\_\_\_

**Floral** \$ \_\_\_\_\_  **Fruit Basket** \$ \_\_\_\_\_

(Minimum \$60, inclusive of delivery, cheque make payable to Kwong Wai Shiu Hospital)

### Please send to:

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Singapore ( )

Tel: \_\_\_\_\_

Delivery date: \_\_\_\_\_ Preferred time: \_\_\_\_\_ (am/pm)

### MESSAGE:

To: \_\_\_\_\_

For: \_\_\_\_\_

From: \_\_\_\_\_

*For Official Use:* Invoice No: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_