



Contact Information:

Company: _____

Contact Person: _____

Mailing Address: _____

Courier Address: _____

City: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Sock Order Form:

* Shipping and handling is extra.

Number of Socks	X \$10.00	Total
	X \$10.00	

Supplies Requested	#
Sock It Stickers	
Sock It Posters	
Donation Cans	
Pledge Sheets	

Payment: Please indicate your preferred method of payment

- Cheque enclosed Please Invoice
 Credit Card  

Card Number _____ *Expiry Date* _____

Name on Card _____ *Signature* _____

Thank you!!

Please complete and fax, email, or mail back to Ronald McDonald House office.

Ronald McDonald House Newfoundland and Labrador

P.O. Box 28091, St. John's, NL A1B 1X0 (150 Clinch Crescent St. John's)

info@rmhnl.ca or 709-738-0000 Fax: 709-747-1270 1-855-955-HOME (4663) www.OurHouseNL.ca