



**Contact Information:**

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

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

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Sock Order Form:**

\*Discount offered for 10 or more pairs of socks. Shipping and handling is extra.

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

**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](mailto:info@rmhnl.ca) or 709-738-0000 Fax: 709-747-1270 1-855-955-HOME (4663) [www.OurHouseNL.ca](http://www.OurHouseNL.ca)