

University of Iowa Children's Hospital Apparel Order Form

| Item | Color | Size | Quantity | Price | Total |
|------|-------|------|----------|------------|-------|
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| | | | | Amount Due | \$ |

PLEASE MAKE YOUR CHECK PAYABLE TO:

Children's Miracle Network.

OR: Fill out the below information

Credit Card Payment:

Discover Expiration Date (mo/yr)
 Mastercard _____
 Visa
 American Express

Credit Card Number

Signature _____

Thank you for your support!

Please send this form and total amount due to:

Children's Miracle Network
 5144 Westlawn
 Iowa City IA 52242
 Telephone: (319) 335-8484

Fill out the required information below:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____