



Order Form

Use this printable form to complete by hand, or order your Fish online at our.uwhealth.org/gofish

A \$500, \$1,000 or \$2,500 gift will be recognized with an inscribed Fish to be displayed at American Family Children's Hospital.

Yes, I would like to purchase a Fish! On the lines below, please list the name of the individual(s), business or association as you wish it to appear on the Fish (**42 character limit, including spaces**).

(Name(s) to appear on Fish)

NOTE: Please photocopy this form or use a separate order form if purchasing more than one Fish. Please print legibly. The color of your Fish will be randomly assigned to ensure equal representation of all Fish. Also, you will be contacted if there are any questions concerning the content of your inscription.

Questions?

Please call (608) 262-7665 or e-mail Jim Gilmore at jgilmore@uwhealth.org.

I AM PURCHASING A (CHOOSE ONE): **Pumpkinseed: \$500** **Walleye: \$1,000** **Muskie: \$2,500**

THIS FISH IS BEING PURCHASED BY:

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone number _____ Daytime e-mail address _____

HONOR SOMEONE WITH YOUR FISH!

If you are honoring someone else in your Fish inscription, we can notify that person of your gift. Simply check the box below and tell us whom to notify.

Please send notification to the following person that a Fish has been purchased on his or her behalf.

Name _____

Address _____

City _____ State _____ Zip Code _____

Total amount of your purchase: \$ _____

PAYMENT

I am enclosing:

A check made payable to "American Family Children's Hospital"

Please charge my:

MasterCard or Visa

Card # _____ Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

Please return this completed form with your check or credit card information to:

GO FISH, c/o Jim Gilmore, University of Wisconsin Hospital and Clinics,
600 Highland Avenue H4/889, Madison, WI 53792-8350

