



*Greeting Card Printable Order Form*

Item #	Description	Cost Per Card	# of Cards Ordering	Total Dollar Amount
	<b>GET WELL</b>			
A1	Doctor	\$3.00		
A2	Bear w/Red Envelope	\$3.00		
A3	Here's the Scoop	\$3.00		
A4	Classic Red Car	\$3.00		
A6	Gold Star w/Gold Lined Envelope	\$5.00		
A7	*Lavender Rose	\$10.00		
	<b>SYMPATHY</b>			
B1	Pink Rose Border w/Pink Envelope	\$3.00		
B2	Pink Rose Oval w/Matching Envelope	\$3.00		
B3	Cut Out Rose	\$3.00		
B4	Long Tree	\$5.00		
B5	Grecian Style Border w/Gold Lined Envelope	\$5.00		
B6	Gold Border Herringbone	\$10.00		
	<b>HAPPY BIRTHDAY</b>			
C1	Stripe	\$3.00		
C2	Popping Champagne w/Matching Envelope	\$3.00		
C3	Orchid Lilies w/Gold Lined Envelope	\$5.00		
	<b>BABY</b>			
D1	Baby Congratulations	\$3.00		
	<b>ALL OCCASION</b>			
E1	Blue Border - Congratulations	\$3.00		
E2	Bravo Stripes	\$3.00		
E3	Anniversary Glasses w/Ribbon & Matching Envelope	\$5.00		
E4	Stars Congratulations w/Bronze Envelope	\$10.00		
E5	*Rose Map - Best Wishes	\$10.00		
TL	Tree of Life w/Envelope & Charm	\$25.00		
	<b>VARIETY PACKS</b>	<b>Cost Per Pack</b>		
V1	Variety Pack 1 (Consists of A1-A2-B1-B2-C1)	\$15.00		
V2	Variety Pack 2 (Consists of A3-A4-B1-B2-C2)	\$15.00		
V3	Variety Pack 3 (Consists of A5-A6-B4-B5-C3)	\$25.00		
	<b>Total</b>			\$

Note: Lavender Rose, Rose Map and the Tree of Life cards require attachment of roses & charm to cards.

# Shipping Information

(Please Print)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Paying by: ☐ Check or Money Order      ☐ Credit Card  
(Payable to Deborah Hospital Foundation)

☐ Visa      ☐ Mastercard      ☐ Discover      ☐ American Express

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete the information above and mail this form to:

Deborah Hospital Foundation  
P.O. Box 820  
Browns Mills, NJ 08015

Should you have any questions please contact us at (800) 223-0135.