



Greeting Card Order Form

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Method of Payment (please circle)**    Check    Money Order    Credit Card

**Yes!** I would like \_\_\_\_\_ boxes at \$17.00 including tax

Subtotal \$ \_\_\_\_\_

\*Total shipping cost (\$4.60 per box) \$ \_\_\_\_\_

Enclosed is an **additional donation** of \$ \_\_\_\_\_ to help support Riverwood Healing Garden.

VISA # \_\_\_\_\_ Expiration \_\_\_\_\_

MASTER CARD # \_\_\_\_\_ Expiration \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

**Riverwood Foundation exists to raise money for Riverwood Healthcare Center to enhance the quality of care for the community we serve.**

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