



Pregnancy Wallet Card Order Form

Please print this form and mail with payment to:

The Motherisk Program
The Hospital for Sick Children -PHS
123 Edward St. Suite 401
Toronto, Ontario M5G 1E2

Today's date: _____

Please send me _____ (minimum of 20) Pregnancy Wallet Cards in English.

Aussi disponible en français.

SVP envoyez-moi _____ (les 20 minimaux) des guides format portefeuille de grossesse en français.

Name: _____
Institution: _____
Address: _____
Postal Code: _____
City: _____
Province: _____
Telephone: (_____)
Fax (_____)

Motherisk's updated Pregnancy Wallet Cards are sold to healthcare professionals at nominal cost of **57 cents/each** including HST*

Postage/ Handling: 20 - 150 cards, add \$2.12
150 - 200 cards, add \$3.70
200 - 500 cards, add \$5.30
500+ Please call (416) 813-7883 for information

*HST #:107492928 RT

Please return this completed order form with your payment, and make your cheque payable to **The Hospital for Sick Children.**

Office Use Only

Date received:	
Date shipped:	
Internal Ref#:	32198 16291