



Daughters of the Nile

Canadian Foundation

Working together to benefit Shriners Hospitals for Children ® - Canada

Order Form

Donor Name: _____

Donor Email Address: _____

Rose Recipient Name _____

**Recipient Email Address: _____

Temple Name: _____ Temple Number: _____

Please submit completed form along with the \$5.00 donation at the Canadian Foundation area of the My Gift booth.



**No CRA receipt will be issued for Rose Garden donations*

***Required field if recipient is to be advised a Rose has been planted in their honour*