



St. John Ambulance

SAVING LIVES
at work, home and play

Date: _____

**WE CAN HELP PROGRAM
ORDER FORM**

School Name (Please print clearly)

Address	City	Postal Code
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Phone Number	Fax Number	Contact Name
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Number of Student Packages requested _____

Number of Instructor Manuals requested _____

Please indicate delivery method:

_____ **Will pick up (from Provincial Stores in Edmonton)**

_____ **Mail to school**

Please fax or mail your order to: **Provincial Stores**
 Dawn Sinclair, Stores Coordinator
 12304-118 Avenue
 Edmonton, AB T5L 5G8
 Phone (780) 452-6565 ext 8243
 Fax (780) 482-7864

For Office Use Only:

Date order was filled: _____ **Filed by:** _____

Notes: _____