

Riverview Place/CHI Health at Home
Northern Star Christmas Ornament Order Form

Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Email (if you have) _____

Please select the color below and note quantities if ordering multiple.

_____ White _____ Blue _____ Gold _____ Silver

Please list the names of loved ones, stating color if a specific one is requested: *(Example: Blue – Bob Bell)*

Please select which delivery option applies:

_____ I live at Riverview Place

_____ I live in the FM Area and will pick up at 4816 Amber Valley Parkway, Fargo, ND 58104

_____ I need my ornament(s) shipped to:

_____ The address above

_____ This address: _____

(Please note, if multiple ornaments orders, all will be shipped to same address)



Ornament next to \$1 for size comparison

All payments (cash or check) must be received prior to November 20 with this order form (\$20/ornament).

Riverview Place residents may return order form and money to Mary Jo Zacher.

All others, please mail to Kayla Billings:

CHI Health at Home
Attn: Kayla Billings
4816 Amber Valley Parkway
Fargo, ND 58104

Total Enclosed \$ _____