Stewart Memorial Community Hospital Auxiliary
GERANIUM SALE

Name_________________________ Phone # _____________________

<table>
<thead>
<tr>
<th>RED</th>
<th>VIOLET</th>
<th>SALMON</th>
<th>LIGHT PINK</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>_____ 4” pot—$4.50</td>
<td>_____ 4” pot—$4.50</td>
<td>_____ 4” pot—$4.50</td>
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<tr>
<td>_____ 8” pot—$15.25</td>
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<tr>
<td>_____ 12” pot—$37.50</td>
<td>_____ 12” pot—$37.50</td>
<td>_____ 12” pot—$37.50</td>
<td>_____ 12” pot—$37.50</td>
</tr>
</tbody>
</table>

Order Deadline: Thurs., April 30
Pick up date: Tuesday, May 5, 1:00-5:00 pm
at the Hospital Main Entrance

Mother’s Day
May 10

Order
Total $ __________
Paid: Check _______ Cash _______

How to place an order:
1. Send this form with payment to SMCH-Attn: Beth Stauter
   1301 W. Main, Lake City, IA 51449
2. Drop form with payment off at the SMCH Gift Shoppe
Orders may be placed through April 30.

SMCH Staff Use Only
Payroll Deduction
Signature ___________________________ Employee # ______ Total $ ______ Date ___________

Deliver to:
☐ Lake City  ☐ Lake View  ☐ Rockwell City  ☐ Gowrie