

gift certificate form



Please print in pen:

Name _____
Address _____

City _____ State _____ Zip _____
Phone _____ Fax _____
e-mail _____ Gender : ___M ___F
 Please add me to your mailing list.

McLaughlin
Woods

336 Baptist Reoad
Canterbury, NH 03224
Phone/fax: 603-783-9700
www.mclaughlinwoods.com

Please provide the following so we can create your gift certificate:

For: _____
From: _____
Gift certificate amount: _____

Payment Options (choose one):

____ Pay by check or money order (enclosed)
____ Pay with credit card: ___ VISA ___ Master Card ___ Discover ___ AMEX
Card number: _____
Expiration Date: month _____ year _____
Name on card: _____
Signature: _____

Terms of purchase:

Please note, registrants must be 18 years of age or older to participate.

Upon receipt of this order form, we will create a gift certificate, customized per the information you have noted above, and will send it to you, the purchaser at the above address. **If you prefer the certificate be sent directly to the receiver, please check the box below** and provide the appropriate address information.

Please sign below to state your approval of these terms

Signed: _____

Send the certificate, along with a gift card noting my name, to the noted individual at the following address:

Name: _____
Address: _____

City: _____ State _____ Zip _____