

Gift Certificate Request Form

Step 1: Please circle the therapist you would like to purchase your gift from.

Jennifer Harris Donna Grady Paula Slamann

Step 2: Indicate the type of certificate you would like.

*Please note there are no discounts on gift certificates; for senior price, request a specific dollar amount.

30 minute massage

60 minute massage

90 minute massage

Specific dollar amount, please specify: _____

Step 3: How would you like to obtain your gift certificate(s)?

Pick up: Please stop back tomorrow or leave contact information to arrange a time.

Your name and phone number: _____

Or

Have it mailed: Your mailing address: _____

Step 4: How would you like to pay?

Visa/MC Card# _____ Exp.Date: _____

Zip code of billing address: _____

Print name: _____

Signature: _____

Cash or **Check** can be left when you pick up certificate. If you are having it mailed, please leave payment now. Please make checks payable to Ray of Light.

Step 5: How would you like your certificate filled out?

To: _____

From: _____

*Additional gift certificates? Please use back of sheet.

*Please leave blank if you prefer to fill it out yourself.

Please mail forms to Ray of Light Massage, 110 S. Wisconsin St., Port Washington, WI 53074, or if you are in our waiting room, slide completed form (envelopes available behind forms) under the door just to the left of the couch. This door is locked and your information will be safe there.

Thank you for your purchase!