

Holiday Gift Certificate Form 2011

JUDY VANDERBECK, CMT

Professional Massage Therapy Since 1995

412-362-9084

www.judyvanderbeck.com

Stressed out This Holiday Season? Need a Stocking Stuffer?

HOW ABOUT A MASSAGE!

Holiday Gift Certificates Are Now Available!

Treat Yourself or A Friend.



Holiday Discounted Rates Valid Through 12/31/2011

Visit www.judyvanderbeck.com for non-holiday package rates.

30 min. Regular Rate = \$45.00 each - Get 2 for \$80.00 - Save \$10.00 for every two.

60 min. Regular Rate = \$70.00 each - Get 2 for \$130.00 - Save \$10.00 for every two.

90 min. Regular Rate = \$95.00 each - Get 2 for \$180.00 - Save \$10.00 for every two.

Get an additional \$5 off your Total Order when you buy before Dec. 13 2011.

Sessions are available around the holidays.

☞ Massage Therapy ☞ Foot Reflexology ☞ Healing Touch Therapy

Gift certificates with a holiday border will be sent unless otherwise specified.

ORDER DATE: _____

SEND BY DATE: _____

PURCHASER:

* Indicates Info. that MUST be Included otherwise your order will not be fulfilled.

* Name _____

* Address _____

* Phone () _____ () _____

METHOD OF PAYMENT:

Please enclose your check payable to **Vanderbeck Massage Therapy, LLC**

Credit Card Type Visa MC Discover # _____ Exp. Date _____

* Billing Address of Card _____ Zip _____

COPY GRAND TOTAL ROM PAGE 2 \$ _____

Mail your order and payment to: **Vanderbeck Massage Therapy, LLC** 815 Copeland Way Suite 3, Pgh, PA 15232.

All Gift Certificates eligible for redemption after full payment is received.

Type of session can be determined at time of scheduling.

CHOOSE A BACKGROUND IMAGE FOR EACH RECIPIENT:

If no selection - the Holiday Border certificate will be sent.

- 1. Holiday Candy Cane Border with Stocking or 2. Menorah

RECIPIENT 1:

* Recipient Name _____

Address _____

* Phone () _____ (). _____

SEND TO PURCHASER ____	SEND TO RECIPIENT ____	(add address)
30 min _ \$45.00 each	NO OF 30 Min. SESSIONS: _____	
60 min _ \$70.00 each	NO OF 60 Min. SESSIONS: _____	
90 min _ \$95.00 each	NO OF 90 Min. SESSIONS: _____	= Subtotal _____

Gift Certificate Design(s) _____

RECIPIENT 2:

* Recipient Name _____

Address _____

* Phone () _____ (). _____

SEND TO PURCHASER ____	SEND TO RECIPIENT ____	(add address)
30 min _ \$45.00 each	NO OF 30 Min. SESSIONS: _____	
60 min _ \$70.00 each	NO OF 60 Min. SESSIONS: _____	
90 min _ \$95.00 each	NO OF 90 Min. SESSIONS: _____	= Subtotal _____

Gift Certificate Design(s) _____

RECIPIENT 3:

* Recipient Name _____

Address _____

* Phone () _____ (). _____

SEND TO PURCHASER ____	SEND TO RECIPIENT ____	(add address)
30 min _ \$45.00 each	NO OF 30 Min. SESSIONS: _____	
60 min _ \$70.00 each	NO OF 60 Min. SESSIONS: _____	
90 min _ \$95.00 each	NO OF 90 Min. SESSIONS: _____	= Subtotal _____

Gift Certificate Design(s) _____

ADD SUBTOTALS) **GRAND TOTAL** _____.