

Gift Certificate Order Form

JUDY Vanderbeck, CMT 412-362-9084

Professional Massage Therapy Since 1995

Searching for Gift Ideas? *HOW ABOUT A MASSAGE!* Treat Yourself or A Friend.

Gift Certificates for Special Occasions and Every Day

Visit www.judyvanderbeck.com for rates on packages of five or more.

30 min. Regular Rate = \$45.00 each - 3 for \$125.00

60 min. Regular Rate = \$70.00 each - 3 for \$200.00 - 5 for \$325.00 - 10 for \$630.00

90 min. Regular Rate = \$95.00 each - 3 for \$270.00 - 5 for \$440.00 - 10 for \$855.00

☞ Massage Therapy ☞ Foot Reflexology ☞ Healing Touch Therapy

The Generic gift certificate with no background image will be sent unless otherwise specified.

ORDER DATE: _____

SEND BY: _____

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 _____

TOTAL AMOUNT DUE \$ _____

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.

Note:

CHOOSE A BACKGROUND IMAGE FOR EACH RECIPIENT:

If no selection - Generic with no image will be sent.

Balloons Champagne Flowers Graduate Hat Hearts Rings

RECIPIENT 1:

* Recipient Name _____

Address _____

* Phone () _____ (). _____

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

Gift Certificate design(s) _____

(Transfer Grand total to **Total Amount Due** - Front page ADD SUBTOTALS) **GRAND TOTAL** _____.