

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 - Save \$10.00

60 min. Regular Rate = \$70.00 each – 3 for \$200.00 - Save \$10.00

90 min. Regular Rate = \$95.00 each – 3 for \$270.00 - Save \$15.00

☞ 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**

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 5830 Ellsworth Ave., Suite 301 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** _____.