

Holiday Gift Certificate Form 2009

JUDY VANDERBECK, CMT

Professional Massage Therapy Since 1995

(412) 362-9084 www.judyvanderbeck.com

Stressed out This Holiday Season? Searching for Gift Ideas?

HOW ABOUT A MASSAGE!

Holiday Gift Certificates Are Now Available!

Treat Yourself or A Friend.



Holiday Discounted Rates Valid Through 12/31/2009

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

30 min. Regular Rate = \$45.00 each – Save \$ 5.00 for every two.

60 min. Regular Rate = \$70.00 each – Save \$10.00 for every two.

90 min. Regular Rate = \$95.00 each – Save \$10.00 for every two.

If post marked by Dec. 10 receive an extra \$5.00 off your total order.

Sessions are available throughout the holidays.

☞ Massage Therapy ☞ Foot Reflexology ☞ Healing Touch Therapy

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

ORDER : _____ 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.

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** _____.