

Burbank Spa & Garden

Gift Certificate Order Form – Drop Off, Fax or Mail back to us!

My Name: _____ My Company Name: _____

My Address: _____ City: _____ State: _____ ZIP: _____

My Phone () _____ My Fax () _____ Best time to reach me: _____

1. Print or type CLEARLY and ACCURATELY to ensure prompt delivery.
2. Be sure to indicate SPA SERVICES & DOLLAR AMOUNT for each recipient. If you would like to fill in the recipients' names yourself, write "leave blank" under the heading "Name of Recipient". If you want the recipients' to be able to choose their own Spa Services, simply write "value-only" under the heading "Spa Services Selected".
3. Please DOUBLE-CHECK the SPELLING, order info and total amount.

Gift One

Name of Recipient (or write "leave blank")	Spa Services Selected (or write "value-only")	Service Amt	Tip Amt	Total GC Amt
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Delivery Info – Please Check One: Send to Me Send to My Recipient Will Pick Up

Address: _____ City: _____ State: _____ ZIP: _____

Special Instructions: _____

Gift Two

Name of Recipient (or write "leave blank")	Spa Services Selected (or write "value-only")	Service Amt	Tip Amt	Total GC Amt
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Delivery Info – Please Check One: Send to Me Send to My Recipient Will Pick Up

Address: _____ City: _____ State: _____ ZIP: _____

Special Instructions: _____

My Name:

My Phone ()

Best time to reach me:

Gift Three

Name of Recipient (or write "leave blank")	Spa Services Selected (or write "value-only")	Service Amt	Tip Amt	Total GC Amt
Delivery Info – Please Check One: <input type="checkbox"/> Send to Me <input type="checkbox"/> Send to My Recipient <input type="checkbox"/> Will Pick Up				
Address:		City:	State:	ZIP:
Special Instructions:				

Gift Four

Name of Recipient (or write "leave blank")	Spa Services Selected (or write "value-only")	Service Amt	Tip Amt	Total GC Amt
Delivery Info – Please Check One: <input type="checkbox"/> Send to Me <input type="checkbox"/> Send to My Recipient <input type="checkbox"/> Will Pick Up				
Address:		City:	State:	ZIP:
Special Instructions:				

CODEWEB

Enclosed is the full amount of my order \$ _____ Paid by: (Please check one)

- Check
- Money Order
- Credit Card (We'll call you for this information)

Sub Total	_____ \$
Less Discount (If Applicable)	_____ \$
Sales Tax	_____ N/A
Total Amount Enclosed	_____ \$

Please FAX or MAIL or
DROP OFF completed form to:

Burbank Spa & Garden
 2115 W. Magnolia Blvd. Burbank, CA 91506
 Fax (818) 563-9623 Phone (818) 845-1251
www.burbankspa.com

**Spend \$1000 or more and receive 10% OFF your total order!*