

Gift Card Order Form

PLEASE PRINT CLEARLY. ONE FORM PER GIFT.

Please fax your request to: 724.223.1297. Orders may be dropped off at the Wellness Center's front desk, or mailed to: W. R. Cameron Wellness Center Gift Card, 240 Wellness Way, Washington, PA 15301. No phone orders, please.



Purchaser's Information:

Name: _____
First Last (circle) Mr / Mrs / Ms

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cellular Phone: _____

Fax No.: _____ Email Address: _____

Credit Card Payment

(Please Circle) Visa MasterCard AMEX Discover

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Please Note: The Gift Card will be rendered invalid if for some reason your credit card purchase is not approved and if we cannot contact you at the above-referenced phone number after several attempts.

Recipient Information:

Recipient Name: _____
First Last (circle) Mr / Mrs / Ms

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cellular Phone: _____

Fax No.: _____ Email Address: _____

Is your Gift Card purchase for: Spa Harmony: _____ Wellness Center: _____

Would you prefer to purchase:

1. Flat Amount: \$ _____ (to allow your guest to choose their service of choice)

or

2. Service(s): _____

or

3. Spa Package: _____

Would you like to have the Gift Card shipped directly to recipient at the above address? Y _____ N _____

Would you like to have the Gift Card prepared in a gift bag ready for pick up? Y _____ N _____

Additional Shipping and Handling charges will be added for orders that are shipped.