

PHEASANT RUN RESORT & SPA GIFT CARD ORDER FORM

Sold By:	Date:	Value:
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Gift Card #:

Gift Card Purchased By (PLEASE PRINT)

Company (if applicable):

Name:

Address:

City:	State:	Zip:
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Daytime Phone: ()

Alternative Phone: ()

Email address:

Gift Card Mailed To (not applicable if purchasing in person)

() Check here if mailing address is same as above

Name:

Address:

City:	State:	Zip:
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Daytime Phone: ()

Form of Payment

Cash Amount: \$	Check Amount: \$	Check #:
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Drivers License # & Exp date*(only applicable if payment by check):

Type of Credit Card: () VISA () MC () DSC () AMX () DINERS

Card #: _____ Exp: _____ Vcode*(phone order

Method of Shipping

() UPS ground \$8() UPS Overnight \$16 () USPS standard mail (no guarantee)() Pick up

Total

Gift Card Amount \$ _____ **+ Shipping \$** _____ **= Grand Total: \$** _____

Notes

*A driver's license number and expiration date is only needed for check purchases. Please print drivers license number and exp date on check. Staple all copies of the Gift Card receipts (print outs) to this sheet for accounting purposes. Vcode is the security code on the back of the credit card, last 3 digits on the signature line. You must ask for this number for all phone sales. **Shipment times:** (approx) UPS Ground 7-10 business days, UPS Overnight 1 day (order by 3pm) No Sunday deliveries. USPS standard 7-10 days. Shipment times are subject to change.
ALL SALES ARE FINAL NO REFUNDS!!! POLICY PRINTED ON BACK OF CARD

GIFT CARD ORDER FORM 11/18/2004

SUBMIT YOUR COMPLETED FORM VIA:

FAX 630-524-5051

MAIL Theater Box Office, P.O. Box 64, St. Charles, IL 60174